
**Funding Allocations Distributed Under Program
Announcement (PA) 04012 by State and Local Health
Departments in 2008 and 2009 for CDC-Supported HIV
Prevention Projects**

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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Executive Summary

The Centers for Disease Control and Prevention (CDC) awards about \$300 million to 59 health departments (50 state health departments, 6 directly funded city health departments, and health departments in Puerto Rico, U.S. Virgin Islands, and Washington, D.C.) each year under Program Announcement (PA) 04012 (HIV Prevention Projects for State and Local Health Departments) to deliver comprehensive HIV prevention programs/activities to prevent HIV transmission and acquisition in populations most heavily affected by the epidemic. Since 2005, as part of the PA 04012 requirements, health department grantees have reported to CDC how these prevention resources have been allocated. This information is important for monitoring HIV prevention efforts at national and local levels under this award and for planning the most effective distribution of prevention dollars.

Health department grantees were asked to report how their PA 04012 funds were allocated during calendar years 2008 and 2009 toward HIV prevention. Allocations under PA 04012 were requested for both prevention interventions designed for persons living with HIV and HIV prevention program activities, which include community planning (CP); evaluation; counseling, testing, and referral (CTR); partner services (PS); health education/risk reduction (HE/RR); and 'Other.' The grantees were also asked to provide allocations by race/ethnicity and by HIV risk. CDC collaborated with the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Urban Coalition on HIV/AIDS Prevention Services (UCHAPS) to prepare a survey called the Cooperative Agreement PA 04012 Budget Allocation Tables. The instrument was sent to grantees in 2010 to collect budget table (BT) data for calendar years 2008 and 2009. This report describes how state and local health departments allocated their 2008 and 2009 CDC funds under PA 04012. The report also summarizes how the overall 2009 PA 04012 allocations at the national level compare with the national HIV epidemic and with previously reported allocations.

Major Findings and Conclusion

Allocations for Prevention Interventions Designed for Persons Living with HIV

Eleven percent of the PA 04012 resources were allocated to provide HIV prevention services to persons living with HIV across the 59 grantees in 2009. From 2005 to 2007, the percentage of resources dedicated to prevention interventions designed for persons living with HIV increased slightly, but then decreased slightly from 2007 to 2009.

Largest budget allocations for Health Education/Risk Reduction (HE/RR) and Counseling, Testing, Referral, and Partner Services (CTR+PS)

Over one-third of budget allocations went to Health Education/Risk Reduction (HE/RR, 35%) and Counseling, Testing, Referral, and Partner Services (CTR+PS, 39%) during each year. From 2005 to 2009, the budget allocations each year increased slightly for CTR+PS, and decreased slightly for HE/RR.

Allocations for Health Education/Risk Reduction (HE/RR) and Counseling, Testing, Referral, and Partner Services (CTR+PS) by Race/Ethnicity and HIV risk

In 2009, 62% of the HE/RR allocations and 60% of the estimated CTR allocations were specifically for racial/ethnic minority populations. For HE/RR allocations, health departments allocated the most funds to African Americans (38%), followed by Hispanics (22%), and Whites (17%). Approximately one-fifth (21%) of the allocations went to other races/ethnicities that were not listed on the instrument or were not targeted to a specific race/ethnicity. For CTR allocations, health departments allocated the most funds to African Americans (40%), followed by Whites (30%) and Hispanics (20%). Only 10% of the allocations went to other races/ethnicities that were not listed on the instrument or were not targeted to a specific race/ethnicity.

In 2009, health departments allocated 38% of HE/RR funds to high-risk heterosexuals and 27% to men having sex with men (MSM). About one-fifth (20%) of the HE/RR allocations were either not targeted by risk or targeted to persons from other risk groups that were not listed on the instrument. Health departments allocated 44% of CTR funds to high-risk heterosexuals and 10% to

MSM. However, 42% of the allocations were either not targeted by risk or targeted to persons from risk groups that were not listed on the instrument.

Better targeting of resources to match the epidemic may be needed

Differences between the national HIV epidemic and the national level allocations of health department HIV prevention PA 04012 funds were found. Two specific differences by race/ethnicity and HIV risk require further investigation.

In 2009, African Americans accounted for 52% of new HIV diagnoses but only 38% of HE/RR and 40% of CTR allocations, respectively.

In 2009, MSM accounted for 57% of new HIV diagnoses but only 27% of HE/RR and 10% of CTR allocations, respectively. By contrast, the percentage of allocations to HE/RR (38%) and CTR (44%) among high-risk heterosexuals exceeded the percentage of new HIV diagnoses (32%) in this group.

Discussion

These findings suggest a need to look more closely at state and local resource allocations to ensure the maximum impact of prevention efforts is achieved. Funding allocations provide a proxy measure of what populations are served and what services are provided. The information reported here represents only part of the total HIV prevention funding a health department receives. The analyses do not include allocations of other CDC funds, such as the PA 7768 – the expanded HIV testing initiative, which is primarily intended to support increased testing among African Americans. It also omits other funds that are specifically directed to communities of color, MSM, and IDU, and to community-based organizations and Pacific Island grantees. Other federal, state, local, or private funds that are available to health departments for HIV prevention are not included in these analyses. Therefore, to better assess if the highest risk groups are receiving sufficient resources overall, it is necessary to evaluate all HIV prevention funding that is available to and allocated by health departments beyond the single CDC program announcement that is the focus of this report. Consequently, collaboration with the health

department grantees, NASTAD, and UCHAPS is important to help improve understanding of allocations of all HIV prevention resources. Further assessment is needed to determine whether a good match exists between the allocation of resources and the HIV epidemic and whether and to what extent programs may be underfunded for disproportionately affected groups, such as MSM and African Americans that account for the majority of new HIV infections in the United States.

Introduction

In 2008 and 2009, the Centers for Disease Control and Prevention (CDC) budgeted approximately \$692 million to address the domestic HIV/AIDS epidemic. These funds support a wide range of HIV surveillance, research, prevention, and evaluation efforts. Of this amount, about \$300 million has been awarded through CDC's flagship HIV prevention programs each year to support prevention efforts in state and local health departments. From 2005 to 2009, 59 health departments (50 state health departments, 6 directly-funded city health departments, and health departments in Puerto Rico, the U.S. Virgin Islands, and Washington, D.C.) were funded under Program Announcement (PA) 04012 (HIV Prevention Projects for State and Local Health Departments). The principal goal of this cooperative agreement was to assist health departments in the delivery of comprehensive HIV prevention programs/activities, to identify cases of HIV infection, prevent transmission by persons living with HIV, and prevent acquisition of HIV by persons at risk for infection. Since 2005, as part of the PA 04012 requirements, grantees have been reporting to CDC the planned allocation of PA 04012 prevention resources. This information is important for monitoring HIV prevention efforts at national and local levels under this award and for planning the most effective distribution of prevention dollars.

The primary objective of this report is to describe how health departments allocated their CDC funds under PA 04012 for HIV prevention program activities. Health department grantees were asked to report how their awarded funds were allocated toward HIV prevention during calendar years 2008 and 2009 for prevention interventions designed for persons living with HIV and for HIV prevention program activities for uninfected persons. Grantees were also asked to provide allocations by race/ethnicity and by HIV exposure/transmission risk (referred to as 'risk' in this document). Analyses of 2008 and 2009 data were conducted and compared to findings from prior calendar years (2005-2007) to examine trends in funding allocation. A secondary objective of this report is to describe how the overall PA 04012 allocation at the national level compared with the national HIV epidemic.

Methods

Data Collection Procedures

CDC collaborated with the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Urban Coalition on HIV/AIDS Prevention Services (UCHAPS) to prepare the Cooperative Agreement PA 04012 Budget Allocation Tables, a data collection template based on the 2006-2007 Budget Table Report. The resulting template was sent out to all PA 04012 health department grantees for reporting to CDC by April 31, 2010 (See the data collection form in the Appendix).

The 2008/2009 template was tailored to each grantee in an effort to facilitate their data reporting efforts and minimize errors. More specifically, each grantee was provided a data collection template with their total cooperative agreement amounts for calendar years 2008 and 2009. Grantees were asked to provide their estimated allocations for prevention interventions designed for persons living with HIV as a proportion of their overall annual budget. Grantees were also asked to provide their estimated allocations for HIV prevention program activities, which include community planning (CP); evaluation; counseling, testing, and referral (CTR); partner services (PS); health education/risk reduction (HE/RR); and 'other.' Grantees also reported HE/RR allocations by race/ethnicity and by risk. The template had the following race/ethnicity categories: American Indian/Alaskan Native, Asian, Black (non-Hispanic), Hispanic, Native Hawaiian/Pacific Islanders, White (non-Hispanic), and 'other or not targeted by race/ethnicity'. The following risk categories were used: men who have sex with men (MSM), injection drug user (IDU), MSM/IDU, high-risk heterosexual contact, and 'other or not targeted by risk.'

The 'other' race/ethnicity category was defined differently for HE/RR compared with CTR. For HE/RR, 'other' refers to persons not targeted by any race/ethnicity or by another race/ethnicity that was not listed on the budget table survey. For CTR, 'other' refers to another race/ethnicity, multiple races, and undetermined or unknown race/ethnicity. Looking at the risk variable, the category

‘other’ was also defined differently in HE/RR compared with CTR. For HE/RR, ‘other’ refers to persons not targeted by any HIV risk or by another risk group that was not listed on the budget table survey; whereas ‘other’ for CTR analyses refers to an HIV risk not listed on the instrument or persons for whom the risk is not acknowledged.

Information from previously reported allocations for calendar years 2005, 2006, and 2007 (2005 Budget Table Report and 2006/2007 Budget Table Report) was used to examine trends in funding allocations. To compare the PA 04012 allocations at the national level with the pattern of the national HIV epidemic, CDC used the amounts reported on the 2009 budget table data as overall allocations. These allocations were compared with the percentages of the newly-diagnosed HIV cases obtained from HIV surveillance data from 40 states with confidential name-based HIV infection reporting systems.

Data Quality Procedures

All 59 grantees submitted data for calendar years 2008 and 2009. Two types of data quality checks were conducted for each grantee: (1) completeness – to assess whether grantees provided information on all four required types of information for each budget year and (2) consistency – the total amount calculated based on reported prevention activities was equal to the cooperative agreement amount awarded for each budget year indicated in the template. The total amount calculated in the table for prevention interventions designed for persons living with HIV should be equal to the cooperative agreement amount for each budget year provided in the template. The total amount calculated based on reported HE/RR allocated amounts for both race/ethnicity and risk should be equal to the amounts reported for HE/RR for each budget year. CDC staff followed up with grantees as necessary to resolve all data quality issues.

For the first type of information regarding the six prevention activities (i.e., CP, Evaluation, HE/RR, CTR, PS, and ‘other’), all 59 grantees provided the required information for both budget years. As indicated earlier, CTR+PS data for 2008 and 2009 were divided into CTR and PS. For 2008 and 2009, four grantees (Chicago, Illinois, Massachusetts, and Tennessee) indicated that there was no

practical and accurate way of separating their CTR and PS allocations and thus provided combined CTR+PS allocations. Consequently, the individual allocated amounts for CTR and PS were missing. As a result, CDC decided to report the analyses for distributions of the six HIV prevention program activities based on combined CTR and PS allocations for 2008 and 2009. In addition, one grantee (Montana) reported that it used only non-PA 04012 funds to provide PS for both 2008 and 2009 budget years and thus had zero allocations for this category. Eleven grantees initially failed in the data quality checks and corrected the discrepancies once they were contacted.

For the second type of information regarding HE/RR by race/ethnicity and by risk, all grantees provided the required information for both budget years. Data from eight grantees initially failed in the data quality checks, but the discrepancies were corrected once grantees were notified.

For the third type of information regarding prevention interventions designed for persons living with HIV, all grantees submitted the required information. Seven grantees initially failed in the data quality checks, but the discrepancies were corrected once they were notified. Two grantees (Georgia and Nebraska) used only non-PA 04012 funds to provide prevention to persons living with HIV and thus had zero allocations for this category.

Information regarding CTR by race/ethnicity and by risk was not requested directly but was calculated by CDC using the proportions of tests by race/ethnicity and by risk from the 2008 and 2009 NHM&E testing data for each grantee for each year. These proportions were then used to multiply the CTR allocated amount provided by each grantee to approximate the amount allocated for each designated race/ethnicity and risk category. Because four grantees (Chicago, Illinois, Massachusetts, and Tennessee) indicated that there was no practical and accurate way of separating their CTR and PS allocations, their overall allocated amounts for CTR and the amounts allocated for each race/ethnicity and risk categories were missing. In addition, nine grantees (Arizona, California, Delaware, Kansas, Maryland, Minnesota, Mississippi, U.S. Virgin Islands, and West Virginia) submitted either

incomplete¹ or aggregate² testing data in 2008, and one grantee (North Carolina) did not provide any testing data; thus, these ten grantees were excluded from analysis. In 2009, one grantee (North Carolina) did not provide any testing data, and five grantees (Alaska, Delaware, Maryland, Mississippi, and U.S. Virgin Islands) submitted either incomplete or aggregate testing data; thus, these six grantees were excluded from analysis. As a result, the amounts allocated for each designated race/ethnicity and risk for these grantees are missing, even though they provided their overall CTR allocations. Therefore, the CTR amounts allocated by race/ethnicity and by risk are based on 45 grantees for 2008 and 49 grantees for 2009.

Results

Detailed analyses of data from calendar years 2008 and 2009 are presented first, and then compared with findings from previously reported data to examine trends in funding allocations. Figures 1A and 1B provide a summary across the major funding areas for 2008 and 2009. Figures 2A and 2B through 5A and 5B summarize the distributions of allocations for HE/RR and CTR by race/ethnicity and by risk. Figures 6 through 8 provide general trends from 2005 to 2009. Note that figures are labeled as 1A to 5A for 2008 and 1B to 5B for 2009.

Distribution of Allocated Dollars to Prevention Interventions Designed for Persons Living with HIV and the Six HIV Prevention Program Activities

Figure 8 shows the amount allocated to prevention interventions designed for persons living with HIV. Of the total allocations for prevention activities (\$292.89 million in 2008 and \$293.02 million in 2009), 12% (\$34.15 million) and 11% (\$33.11 million) of the total funds were allocated to

¹In order to obtain estimates of allocations by race/ethnicity and risk it is necessary for grantees to submit National HIV Monitoring and Evaluation (NHME) data for all four quarters of the year. Grantees submitting incomplete testing data were excluded from analysis.

²Any data submitted in aggregate form can be used for overall budget calculation purposes only; however, it cannot be further analyzed by race/ethnicity and by risk because there is no way to determine the number of tests for these categories.

provide HIV prevention services to this population across the 59 grantees in 2008 and 2009 respectively.

Figures 1A and 1B provide the estimated allocation by the six HIV prevention program activities. As shown in these figures, the funding allocated to HE/RR and CTR+PS represented the majority of the prevention funding allocation (74% of the total dollars allocated for 2008 and 2009). In 2008, grantees allocated \$103.44 million (35%) for HE/RR and \$112.73 million (39%) for CTR+PS. In 2009, grantees allocated \$102.79 million (35%) for HE/RR and \$114.70 million (39%) for CTR+PS. The percentage of allocations to HE/RR and CTR+PS activities on both years varied by jurisdictions, with most grantees allocating at a rate equal or above the national average percentage (Tables 1A and 1B).

The highest allocations to HE/RR were seen in Kentucky (77% in both years), Utah (75% in 2008 and 77% in 2009), Georgia (68% in both years), and the District of Columbia (63% in 2008 and 69% in 2009). The lowest HE/RR allocations were seen in Pennsylvania (7% in both years), Nevada (12% in both years), North Dakota (12% in 2008 and 11% in 2009), Chicago (14% in both years), Delaware (17% in both years), West Virginia (17% in both years), and Arkansas (18% in 2008 and 17% in 2009). On the other hand, the highest allocations to CTR+PS were seen in Nevada (87% in both years), U.S. Virgin Islands (77% in 2008 and 90% in 2009), Hawaii (67% in 2008 and 63% in 2009), Michigan (67% in 2008 and 70% in 2009), and Louisiana (65% in 2008 and 64% in 2009), North Dakota (65% in 2008 and 63% in 2009), and Mississippi (63% in both years). The lowest allocations were seen in Maine (14% in both years), Vermont (15% in 2008 and 16% in 2009), California (19% in 2008 and 18% in 2009), New Mexico (19% in both years), and Utah (19% in 2008 and 18% in 2009).

Distribution of Allocated HE/RR and CTR Funding by Race/Ethnicity and by Risk in Calendar Years 2008 and 2009

The distributions of allocated HE/RR amounts by race/ethnicity and by risk in 2008 are shown in Figures 2A and 3A, respectively. The amount distributions in 2009 are shown in Figures 2B and 3B,

respectively. The distributions of allocated CTR amounts by race/ethnicity and by risk in 2008 are shown in Figures 4A and 5A, respectively. Similarly, the amount distributions in 2009 are shown in Figures 4B and 5B, respectively.

Analyses of HE/RR allocations indicate that racial and ethnic minority populations received 62% of HE/RR funding each year, with 38% of HE/RR funds (\$39.48 million in 2008 and \$39.21 million in 2009) allocated to African Americans and 22% allocated to Hispanics. Nearly one-fifth of HE/RR funding was allocated to Whites (18% in 2008 and 17% in 2009). Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander groups represented one percent or less each of allocated resources. About 20% of resources in 2008 and 21% in 2009 were allocated to other races/ethnicities or were not targeted to specific races/ethnicities (Figure 2A for 2008 and Figure 2B for 2009).

Of all risk categories, high-risk heterosexuals received the greatest portion of HE/RR funds (\$37.76 million in 2008 and \$38.87 million in 2009), which was 37% and 38% of their HE/RR funding, respectively. MSM received the second highest portion of HE/RR funds (\$29.40 million in 2008 and \$27.43 million in 2009), which was 28% and 27% of their HE/RR funding, respectively. About 19% of the allocations in 2008 and 20% of the allocations in 2009 were either not targeted by risk or targeted to persons from other risk groups (Figures 3A and 3B).

Analyses of CTR allocations indicate that racial and ethnic minority population groups received 62% and 60% of the CTR funding in 2008 and 2009, respectively. In 2008, 39% of CTR funds (\$26.52 million) were allocated to African Americans and 31% (\$21.02 million) were allocated to Whites. In 2009, 40% of CTR funds (\$24.49 million) were allocated to African Americans and 30% (\$21.78 million) were allocated to Whites. Hispanic populations received 19% and 20% of the CTR funds in 2008 and 2009, respectively. Less than 2% of the funds were allocated to Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander groups. About \$5.07 million (7%) in 2008 and \$4.94 million (10%) in 2009 of CTR funds were allocated to other races/ethnicities or were not targeted to specific races/ethnicities (Figure 4A for 2008 and Figure 4B for 2009).

Of all risk categories, high-risk heterosexuals received the greatest portion of CTR funds, followed by MSM³ in both years. Grantees allocated an estimated \$26.73 million (39%) of their CTR funding in 2008 and an estimated \$29.50 million (44%) of their CTR funding in 2009 to serve high-risk heterosexuals. An estimated \$7.20 million (11%) and \$7.41 million (10%) of CTR funds were used to serve MSM in 2008 and 2009, respectively. A large proportion of estimated CTR allocations was not targeted by risk nor was it targeted to persons from other risk groups – about \$31.44 million (46%) in 2008 and \$8.24 million (42%) in 2009 (Figures 5A and 5B).

Trends from Calendar Years 2005 to 2009 and Comparison between National PA04012 Allocations and National HIV Epidemic

The prevention funding that CDC distributed to all 59 state and local health department grantees through the single CDC program announcement (PA 04012) decreased slightly over the period of this analysis, from \$308 million in 2005, as indicated in the 2005 Budget Table report, to \$293 million in 2009 (Figure 6).

Figure 7 illustrates the proportions of prevention funding allocated to the six HIV prevention program activities by PA 04012 grantees across all five years. Year-to-year changes in the proportions allocated vary across program activities. A 2% decrease in allocations for evaluation was observed from 2005 to 2007, followed by a 1% increase from 2007 to 2009. The proportion allocated to HE/RR decreased from 41% in 2005 to 35% in 2009. The proportion allocated to CTR+PS increased from 31% in 2005 to 39% in 2009.

The proportions of prevention funding allocated to prevention interventions designed for persons living with HIV by PA 04012 grantees vary by year (Figure 8). There was a 4% increase in allocations from 2005 to 2007, followed by a 2% decrease from 2007 to 2009.

Differences between the national HIV epidemic and the national level allocations of health department HIV prevention PA 04012 funds were found, particularly by race/ethnicity and HIV risk.

³ For CTR data analysis used in this report, MSM includes males or transgendered females-to-males reporting having sex with males.

In 2009, African Americans accounted for 52% of new HIV diagnoses, but only 38% of HE/RR and 40% of CTR allocations, respectively (Figures 2B, 4B, and 9). MSM accounted for 57% of new HIV diagnoses but only 27% of HE/RR and 10% of CTR allocations, respectively (Figures 3B, 5B, and 9).

Discussion

Findings indicated that although the largest budget allocations were for HE/RR and CTR+PS each year, these proportions did not match HIV diagnoses. From 2005 to 2007, the budget allocations of about \$300 million each year increased slightly for persons living with HIV and CTR+PS but decreased slightly for HE/RR. From 2007 to 2009, the budget allocations decreased slightly for persons living with HIV and CTR+PS, and increased slightly for HE/RR. Detailed analyses of data by race/ethnicity from 2008 and 2009 suggest that almost two-thirds of the funds for HE/RR and CTR were allocated to racial and ethnic minority populations (between 59% and 62%). In particular, the HE/RR and CTR analyses showed more resources were allocated to African Americans (between 36% and 38%) than to other racial or ethnic communities. Over one-third of the funds within each of these program areas were consistently allocated to African American communities each year, yet this proportion is still less than the proportion of cases among this population group. For HE/RR, high-risk heterosexuals received the highest allocation (between 37% and 38%) and MSM received the second highest proportion (between 27% and 28%). For CTR, high-risk heterosexuals received the highest allocation (between 42% and 45%), followed by MSM (between 10% and 11%). Many of the funds were either not allocated by risk or allocated to persons from other risk groups (between 40% and 42%). It is possible that low-risk heterosexuals may make up the majority of the percentage in the 'other' category.

CDC found many differences between the national HIV epidemic and the national-level allocations of health department HIV prevention PA 04012 funds. Two of these differences require further investigation. MSM accounted for 57% of new HIV diagnoses in 2009, but was allocated only

27% of HE/RR and 10% of CTR amounts in 2009. African Americans accounted for half of all new HIV diagnoses, but were allocated slightly over one-third of HE/RR and CTR amounts.

In summary, findings in this report suggest that national-level allocations of CDC HIV prevention funds distributed through a single program announcement (PA 04012) may not sufficiently match the national epidemic. It cannot be automatically assumed that the allocation of these funds should match precisely the national profile of the epidemic. The resources needed to reach members of a population vary based on the size of the population. Members of smaller populations (e.g., people living with HIV) may be able to receive prevention services multiple times for the same amount of funding needed to reach a much larger population. In addition, the current analysis does not take into account other federal, state, and local sources of funding for these activities. Some health departments have reported that they differentially fund programs for MSM from other sources because of requirements placed on federally funded programs. As a result, determining whether and to what degree programs are underfunded for MSM and African Americans is beyond the scope of this report and requires additional information to make an accurate assessment.

Limitations

These data and analyses are subject to several limitations. First, overall CTR allocations were true allocations; however, CTR allocations by race/ethnicity and by risk were estimates based on the characteristics of persons who received HIV testing. Related is that different sources of information were used for race/ethnicity for HE/RR and CTR. These differences include high percentages of other, unspecified, or categories not targeted.

Second, the analyses are based on allocated funding, which refers to the amount of funding a grantee allocated to a particular prevention activity and not how funds were actually expended. Despite being collected retrospectively, funding allocation information provides a proxy measure of the populations served and the services provided. However, HIV prevention programs are multifaceted efforts. Whereas information about allocations of funds for designated programs such as

HE/RR or CTR provides insight into the intended programmatic use of cooperative agreement funds, this information does not necessarily correspond to actual costs of implementing and maintaining these designated programs.

Third, the analyses in this report use information representing only part of the total HIV prevention funding that a health department receives. The analyses do not include allocations of other CDC HIV prevention funds specifically intended for communities of color, MSM, community based organizations, or the Pacific Islands grantees. Other federal, state, local, or private funds that are available to health departments for HIV prevention activities are not included in these analyses. Therefore, these data do not reflect the total resources associated with specific program areas (e.g., HE/RR or CTR) for a specific population (e.g., race/ethnicity or HIV risk).

Fourth, local planning and decision-making are fundamental to effective resource allocation. Local HIV-prevention plans should reflect the full details of specific programs in their jurisdictions. Important local planning decisions are not reflected in the national snapshot provided in this report.

Recommendations and Conclusions

Understanding funding allocations not only helps CDC make better policy decisions but also helps stakeholders and grantees to improve program implementation and to better target resources. CDC should consider additional measures that determine specific allocations and evaluate their appropriateness. For example, measures that can minimize the percentage of ‘other’ or unspecified categories should be considered. Although the current report did compare allocations with the HIV epidemic, all states do not yet have mature HIV reporting. The interpretation of the comparison needs to be done carefully. To help assess whether the populations and risk groups most highly affected by HIV/AIDS are receiving the appropriate level of prevention services, more detailed data collection would be useful, such as allocations for African Americans who are MSM. Comparing the size of specific subgroups to the allocation of HIV prevention resources is an imprecise method for gauging the appropriateness of resource allocations. CDC’s resource allocation model provides an important

tool for assessing the appropriateness of current resource allocations (Lasry et al., 2010). More importantly, to better assess if the highest risk groups are receiving sufficient and appropriate resources overall, it is necessary to evaluate all HIV prevention funding that is available to and allocated by health departments, not just a single program announcement funded by CDC. Collaboration with grantees, NASTAD, and UCHAPS is important to help improve understanding of allocations of all HIV prevention resources. In addition to allocations, documenting and reporting actual expenditures should be considered. Given these caveats and limitations, further assessment is needed to determine whether there is a good match between the allocation of resources and the HIV epidemic and whether and to what extent programs may be underfunded for MSM and African Americans.

In conclusion, the analyses in this report describe how grantees allocated CDC PA 04012 funding in their jurisdictions and provide a high-level summation across all of the 59 grantees that received these HIV prevention program awards. Continued analyses of this type are needed to monitor HIV prevention efforts and to track how prevention funding is being allocated. These national evaluation activities are useful for planning the most effective use of future prevention funding.

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Appendix

Data Collection Form – Cooperative Agreement PA 04012 Budget Allocation Tables

Figure 1A: Prevention Funding for CY 2008 Distributed Under PA 04012 by Major Prevention Activities

Figure 1B: Prevention Funding for CY 2009 Distributed Under PA 04012 by Major Prevention Activities

Figure 2A: Prevention Funding for CY 2008 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Race/Ethnicity

Figure 2B: Prevention Funding for CY 2009 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Race/Ethnicity

Figure 3A: Prevention Funding for CY 2008 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Risk Group

Figure 3B: Prevention Funding for CY 2009 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Risk Group

Figure 4A: Prevention Funding for CY 2008 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Race/Ethnicity

Figure 4B: Prevention Funding for CY 2009 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Race/Ethnicity

Figure 5A: Prevention Funding for CY 2008 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Risk Group

Figure 5B: Prevention Funding for CY 2009 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Risk Group

Figure 6: HIV Prevention Funding Distributed Under PA 04012 by Budget Year 2005 – 2009 for State and Local Health Departments

Figure 7: Proportion of Allocated Prevention Funding by Prevention Activities Distributed Under PA 04012 by Budget Year 2005-2009

Figure 8: Proportion of Allocated Prevention Funding Distributed Under PA 04012 for Prevention Interventions Designed for Persons living with HIV by Budget Year 2005-2009

Figure 9: Estimated HIV Diagnoses in 2009 from 40 States with Confidential Named-Based HIV Infection Reporting

Table 1A: Table of Allocations for HIV Prevention (CY 2008) Reported by PA 04012 Grantees

Table 1B: Table of Allocations for HIV Prevention (CY 2009) Reported by PA 04012 Grantees

Cooperative Agreement PA 04012 Budget Allocation Tables Budget Years 2008 and 2009

INSTRUCTIONS

The attached Cooperative Agreement PA 04012 Budget Allocation Tables (budget tables) are for reporting your agency's 2008 & 2009 allocations of PA 04012 resources to the Division of HIV/AIDS Prevention (DHAP) at the Centers for Disease Control and Prevention (CDC). DHAP will use the information from these budget tables to help determine how DHAP's prevention resources are being allocated. This information is important for CDC's monitoring of, and accountability for, our HIV prevention programs, and for DHAP's planning for the most effective distribution of prevention dollars in the future.

The following pages include a series of tables (Tables 1 – 3) for reporting your 2008 and 2009 budget information, broken down by categories of importance (budget year is defined as the calendar year from January to December).

The amounts of cooperative agreement funding that DHAP awarded your agency during the 2008 and 2009 budget years are provided to you on the top of the next page for your convenience and to improve accuracy. These amounts represent funds under PA 04012 for your agency's total base award, which includes any perinatal funds and direct assistance funds. This amount should be the total that you break down into specific funding categories in the tables.

Please complete each cell (box) of Tables 1 – 3 with the amount of CDC total cooperative agreement funding that you allocated for 2008 and 2009 budget periods. It is our expectation that most funds are targeted. It is important that you estimate your allocations carefully so that it accurately reflects your projected expenditures.

We included a glossary to provide clarity and ensure consistency across agencies. Please notice that the term Partner Services (PS) has been used in this document to represent either Partner Notification (PN) or Partner Counseling and Referral Service (PCRS).

**Cooperative Agreement PA 04012 Budget Allocation Tables
Budget Years 2008 and 2009**

Project Area _____
Cooperative Agreement Amount for Budget Year 2008 _____
Cooperative Agreement Amount for Budget Year 2009 _____

Table 1 collects information on your best estimates of how funds under PA 04012 were allocated to major funding activities. See glossary for the definition how to compute the allocated amount under each major funding activity. For purpose of quality assurance, the sum of the amounts from each entry (i.e., community planning, evaluation, counseling, testing and referral, partner service, health education/risk reduction and other) within a column should equal the total cooperative agreement amount for that year. We provided a row called ‘Total Cooperative Agreement Amount’ in the table for your quality assurance purposes.

Table 1: PA 04012 Budget Allocations by Major Funding Activities^{*1}

Out of the total award amounts shown above, how much was allocated to:	Budget Year 2008	Budget Year 2009
Community Planning (CP)	\$	\$
Evaluation	\$	\$
Counseling, Testing, and Referral (CTR) ^{*3}	\$	\$
Partner Services (PS) ^{*3}	\$	\$
Health Education/Risk Reduction (HE/RR)	\$	\$
Other	\$	\$
Total Amount^{*2}	\$	\$

*1 See glossary for definitions

*2 Totals in Table 1 should match the Cooperative Agreement amounts provided

*3 See (B1 and B2) for further instruction

(A). Please identify what costs are included in the “Other” category in Table 1 below:

(B1). If your agency cannot separate the allocated amount under PS from that of under CTR, please provide the total allocated amount under CTR & PS below and leave the above appropriate rows blank. Regardless how you report, the total by adding this amount and the amounts from Table 2 should match the Cooperative Agreement amount provided in each year.

Out of the total award amounts shown above, how much was allocated to:	Budget Year 2008	Budget Year 2009
Counseling, Testing, And Referral (CTR), and Partner Services (PS)	\$	\$

(B2). Please provide an explanation why your agency cannot separate the PS and CTR amounts:

**Cooperative Agreement PA 04012 Budget Allocation Tables
Budget Years 2008 and 2009**

Table 2 collects information on your best estimate of how funds under PA 04012 were allocated for Health Education/Risk Reduction (HE/RR) by race/ethnicity and exposure/transmission risk, respectively. If no funds were allocated, put "0" in the box. Use the "Other" row when you cannot provide a good estimate by race/ethnicity or exposure/transmission risk or if your funds were not targeted by race/ethnicity or exposure/transmission risk. It is our expectation that most funds are targeted, so please try to estimate allocations as accurately as possible and use the "other" row only when necessary. Agencies receiving perinatal funds should include your best estimate of funds allocated by race/ethnicity and exposure/transmission risk if there are allocations for HE/RR.

The sum of the amounts from each race/ethnicity breakdown and those from each risk breakdown should equal the amount allocated for HE/RR as noted in Table 1. We provided a row called 'HE/RR Total' in the table for your quality assurance purposes.

Table 2: PA 04012 Budget Allocations for Health Education/Risk Reduction (HE/RR) by Race/Ethnicity and HIV Exposure/Transmission Risk

Provide Allocations for HE/RR as Targeted by or for:			Provide Allocations for HE/RR as Targeted by or for:		
Race/Ethnicity	Budget Year 2008	Budget Year 2009	HIV Exposure or Transmission Risk	Budget Year 2008	Budget Year 2009
American Indian/Alaska Native	\$	\$	Men Who Have Sex with Men (MSM)	\$	\$
Asian	\$	\$	Injection Drug Users (IDU)	\$	\$
Black (non-Hispanic)	\$	\$	MSM/IDU	\$	\$
Hispanic	\$	\$	High-Risk Heterosexual Contact	\$	\$
Native Hawaiian/other PI	\$	\$	Other or not targeted by HIV exposure / transmission risk	\$	\$
White (non-Hispanic)	\$	\$	HE/RR Total*	\$	\$
Other or not targeted by race/ethnicity	\$	\$	*These totals should match HE/RR totals in Table 1.		
HE/RR Total*	\$	\$			

*These totals should match HE/RR totals in Table 1.

If your agency cannot provide a best estimate of how funds under PA 04012 were allocated by race/ethnicity or exposure/transmission risk for HE/RR activities for FY 2008 and FY 2009, please provide an explanation below:

**Cooperative Agreement PA 04012 Budget Allocation Tables
Budget Years 2008 and 2009**

Table 3 collects information on your best estimates of how funds under PA 04012 were allocated for prevention interventions designed for HIV positive persons. Include the costs associated with programs or activities designed to reduce transmission of HIV exclusively from HIV positive persons to their HIV negative partners. This may include interventions delivered during the care of HIV positive persons and behavioral interventions delivered in other settings such as Healthy Relationships, Partnerships for Health, Together Learning Choices, and Comprehensive Risk Counseling and Services for Persons Living with HIV (CRCS).

We realize this may undercount the amount of your funding that supported all HIV positive persons who participated in your programs, but here we are focused only on prevention interventions for HIV positive persons.

For purposes of quality assurance, the sum of the amounts from prevention activities with HIV positive persons and from “Other” within a column should equal the total cooperative agreement amount provided for that year. We provided a row called “Total Amount” in the table for your quality assurance purposes.

Table 3: PA 04012 Budget Allocations for Prevention Interventions designed for HIV Positive Persons^{*1}

Out of the total award amount shown above, how much was allocated to:	Budget Year 2008	Budget Year 2009
Prevention interventions designed for HIV positive persons	\$	\$
Other prevention interventions	\$	\$
Total Amount^{*2}	\$	\$

*1 See glossary for definitions

*2 Totals in Table 3 should match the Cooperative Agreement amounts provided

Cooperative Agreement PA 04012 Budget Allocation Tables Budget Years 2008 and 2009

Glossary

Budget year under Tables of Allocation is defined as the calendar year from January to December. For example, Budget year 2008 refers to January to December 2008.

The amount of PA 04012 cooperative agreement funding that DHAP awarded in any budget year represents the total base award, any perinatal funds you may have received, and direct assistance funds that may have been provided.

The allocated amount under Prevention Interventions designed for HIV Positive Persons includes the costs associated with programs or activities designed to reduce transmission of HIV exclusively from HIV positive persons to their HIV negative partners. This may include interventions delivered during the care of HIV positive persons and behavioral interventions delivered in other settings such as Healthy Relationships, Partnerships for Health, Together Learning Choices, and Comprehensive Risk Counseling and Services for Persons Living with HIV (CRCS).

The allocated amount under Community Planning represents the costs associated with conducting the planning process (e.g., leadership, coordination, staff support, travel, meeting costs, reproductions/photocopying, and reimbursed costs). The amount should also include any costs associated with conducting planning tasks, such as developing an epidemiologic profile, conducting needs assessments, setting priorities, developing a comprehensive prevention plan, and enhancing membership recruitment. These activities may be conducted by agency staff or community planning group members, or these activities may be contracted to an outside source.

The allocated amount under Evaluation represents the costs associated with conducting evaluation of prevention programs and community planning. These efforts may include evaluation activities conducted by agency staff or contracted to an outside provider. The allocated amount should include routine quality assurance and program monitoring costs, costs for conducting special studies, and costs for staffing and administering evaluation projects, materials, and data collection and processing costs.

The allocated amount under Counseling, Testing, and Referral (CTR) includes the costs associated with conducting HIV counseling, testing (including laboratory services), and referral activities. All costs for health department staff and materials, including direct assistance involved in CTR, as well as allocations for prevention partners (contractors) will be included here. For example, costs for program administration, staffing, training, quality control, laboratory costs, and materials should be included in this allocated amount. Agencies receiving perinatal funds should include the amount of funds for CTR if there are allocations for CTR.

The allocated amount under Partner Services (PS) includes the costs associated with conducting HIV partner services. All costs for agency staff and materials, including direct assistance involved in PS, as well as allocations for prevention partners (e.g., contractors) should be included here. For example, costs for program administration, staffing, training, quality control, laboratory costs, and materials should be included in this allocated amount. Agencies receiving perinatal funds should include the amount of funds for PS if there are allocations for PS.

The allocated amount under Health Education/Risk Reduction (HE/RR) includes the costs associated with carrying out HE/RR prevention interventions (for HIV-positive or HIV-negative persons) including individual-level interventions, group-level interventions, outreach, DEBIs, Comprehensive Risk Counseling and Services (CRCS), and other interventions such as community-level interventions. This amount does not include the costs associated with carrying out health communications and public information activities. All costs for agency staff and materials including direct assistance involved in HE/RR, as well as allocations for prevention partners (e.g., contractors), will be included here. For example, the costs for program administration, staffing, training, quality control, materials, incentives, equipment, collaboration, and coordination should be included in this amount. Agencies receiving perinatal funds should include the amount of funds for HE/RR if there are allocations for HE/RR.

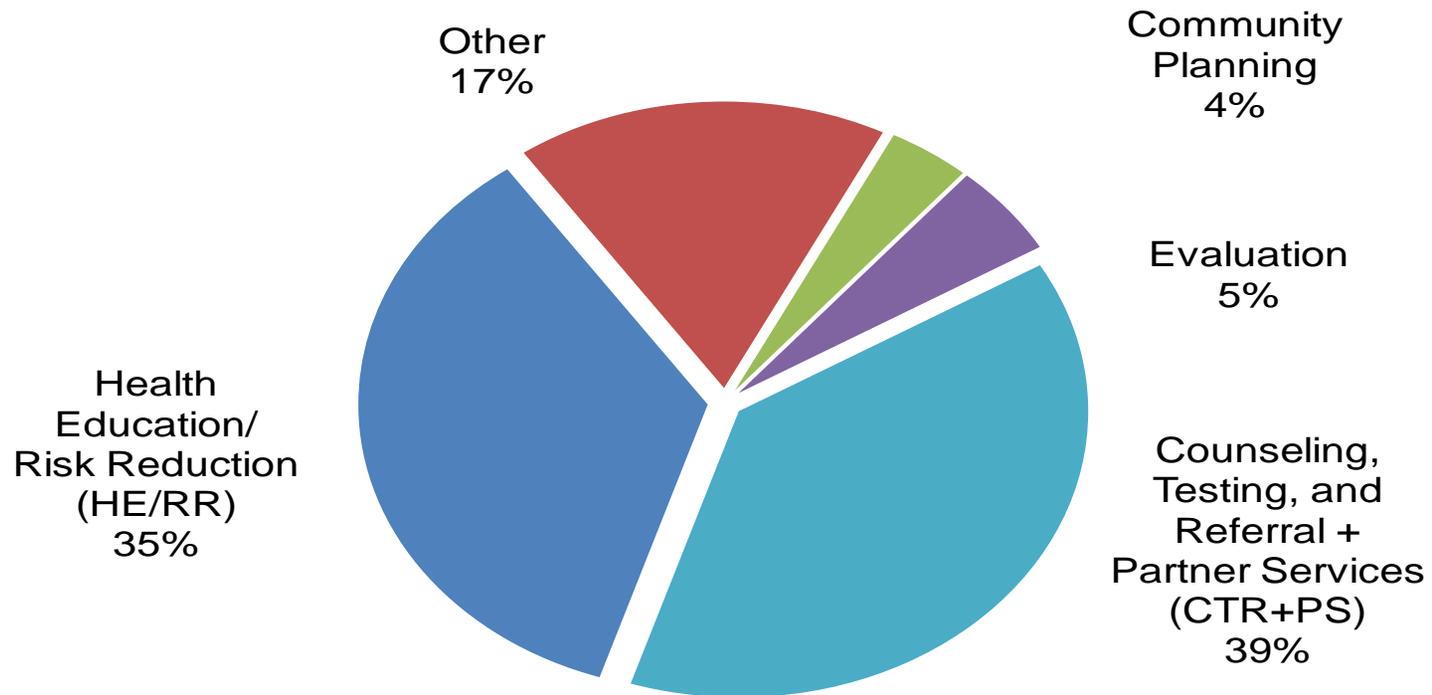
The allocated amount under Other includes all other costs not mentioned under community planning, evaluation, CTR, PS, and HE/RR. For examples, the costs associated with Capacity Building, Public Information, Campaign, and other activities should be included under this category.

The next nine figures show the distribution of allocations for HIV prevention in 2008 (Figures 1A through 5A) and 2009 (Figures 1B through 5B).

Figures 6, 7, and 8 show the trends in distribution of allocations to health departments from 2005 through 2009 overall, for major HIV prevention activities, and for interventions designed for Persons living with HIV, respectively.

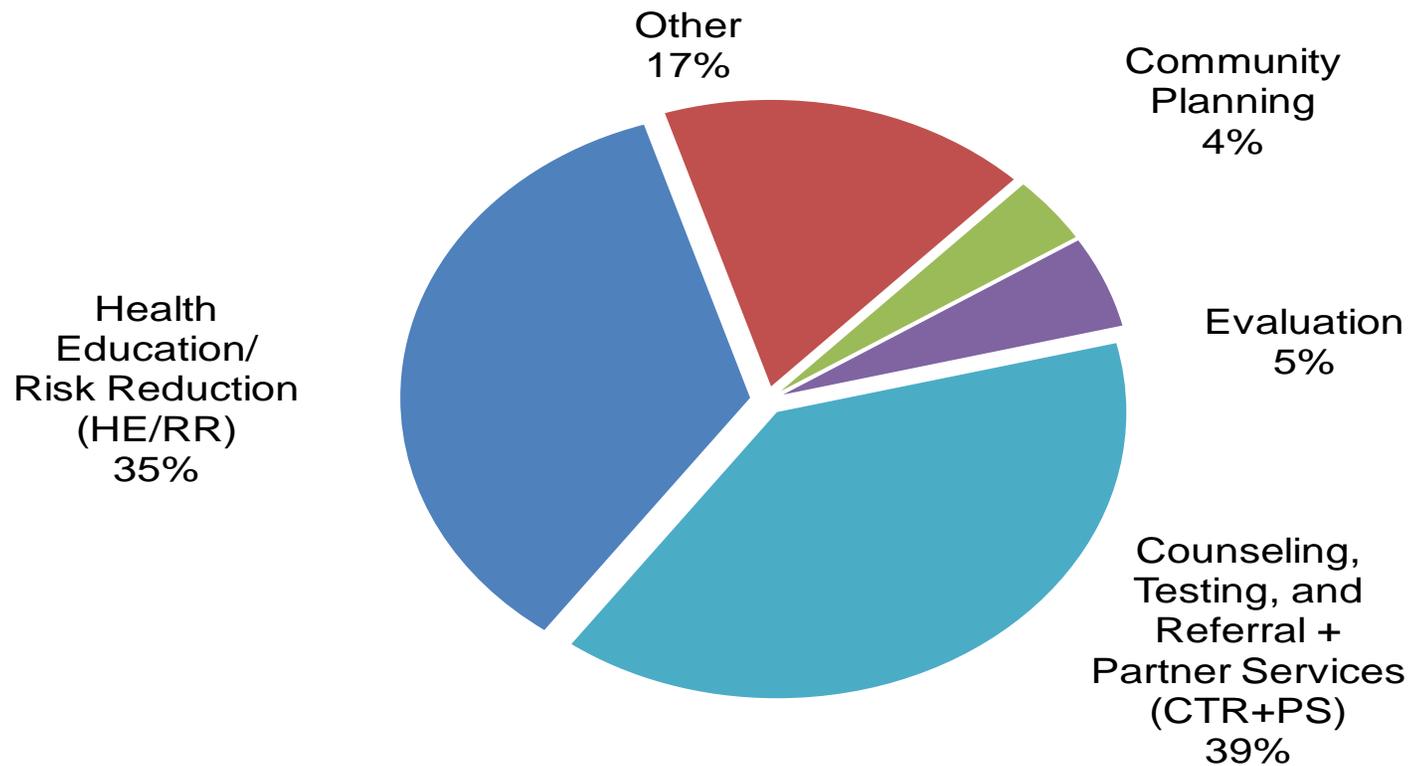
Figure 9 shows the percentage of estimated HIV diagnoses based on 40 states with confidential name-based HIV-infection reporting systems, by race/ethnicity and by risk group.

Figure 1A. Prevention Funding for CY 2008 Distributed Under PA 04012 by Major Prevention Activities*
\$292,890,873 (N=59)



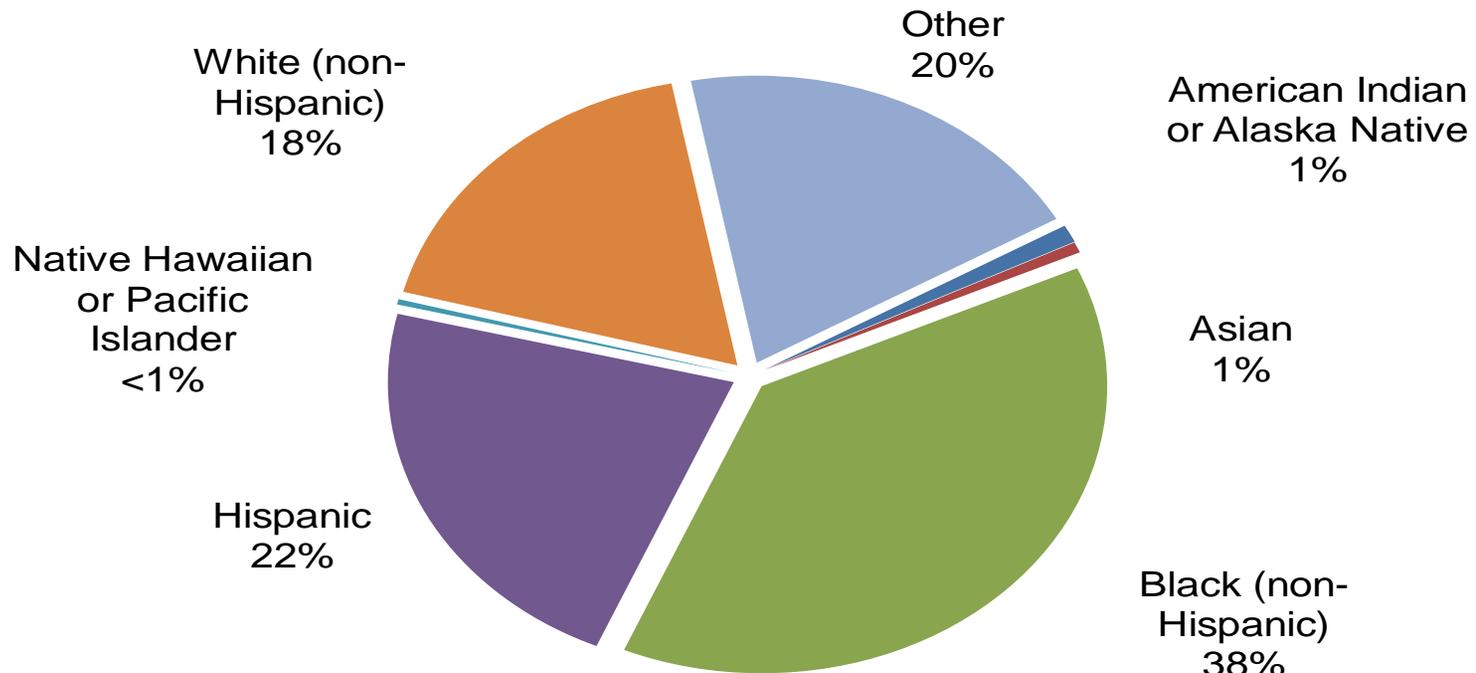
*The proportions of the prevention funding by selected funding activities are reported by 59 PA 04012 grantees. "Other" refers to the allocated amount for other prevention activities, such as capacity building, public information, and general operations/administrative costs. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 1B. Prevention Funding for CY 2009 Distributed Under PA 04012 by Major Prevention Activities*
\$293,018,907 (N=59)



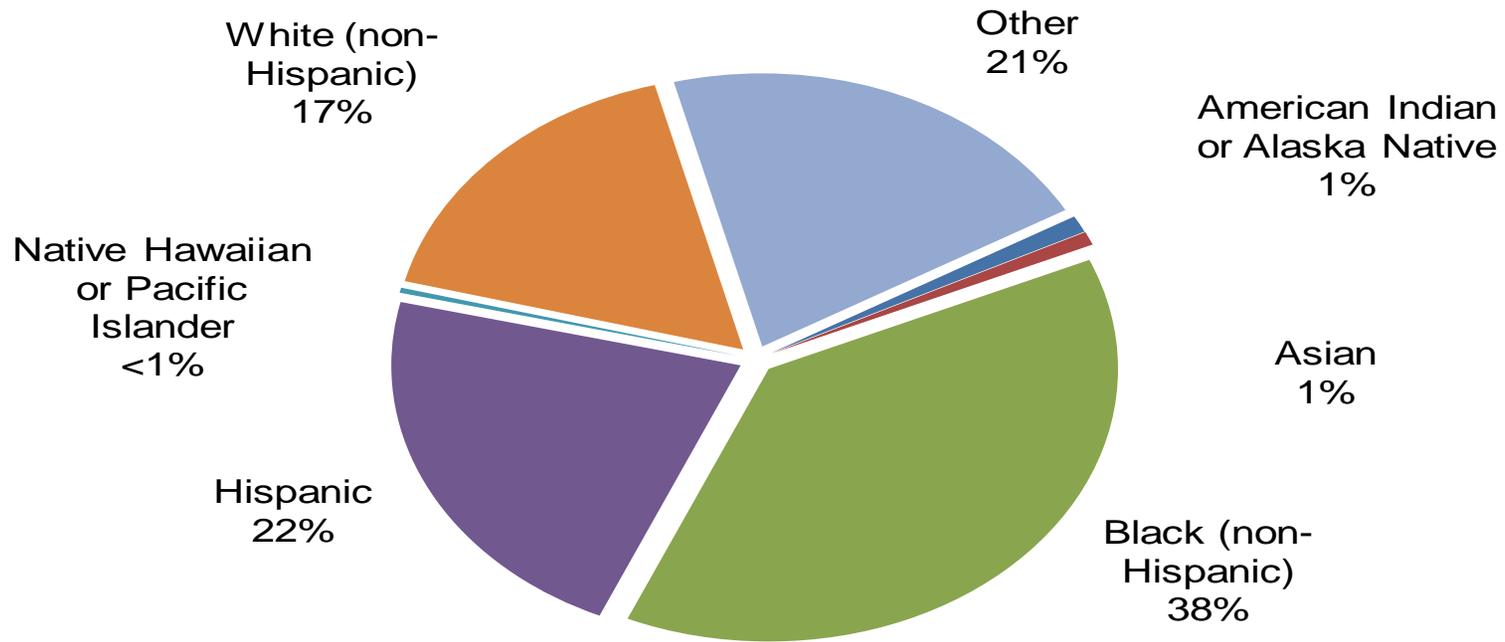
*The proportions of the prevention funding by selected funding activities are reported by 59 PA 04012 grantees. "Other" refers to the allocated amount for other prevention activities, such as capacity building, public information, and general operations/administrative costs. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 2A. Prevention Funding for CY 2008 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Race/Ethnicity*
HE/RR: \$103,442,103 (N=59)



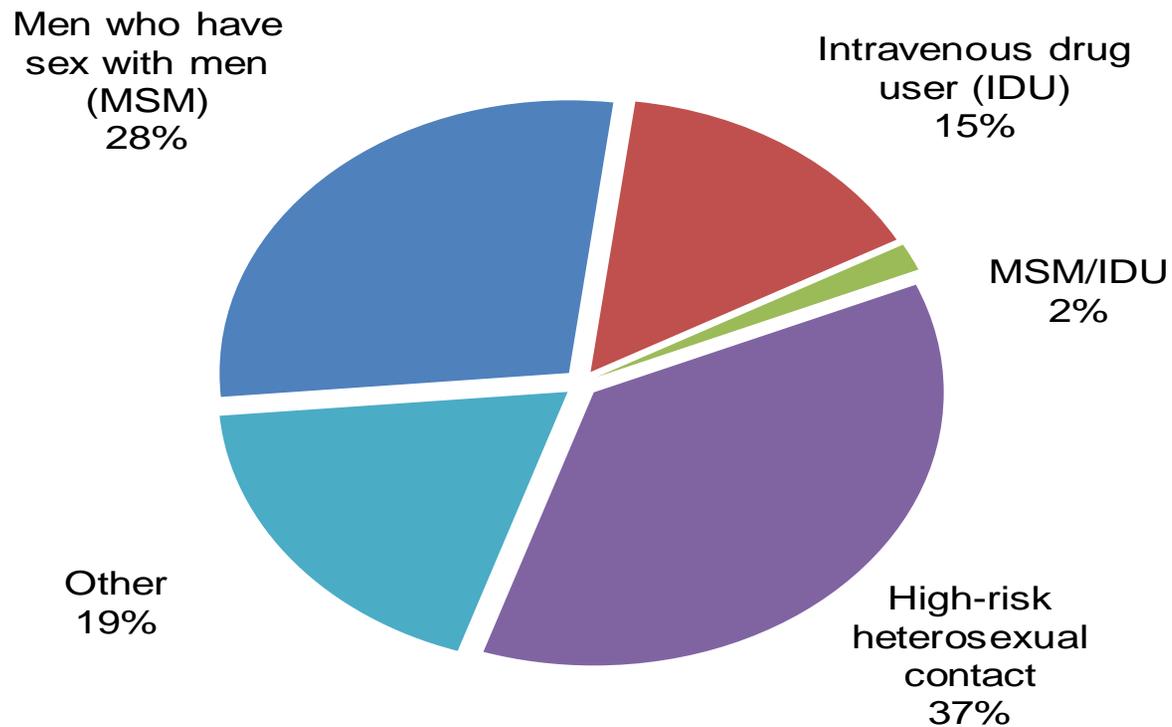
*The proportions of the prevention funding for HE/RR by race/ethnicity are reported by 59 PA 04012 grantees. "Other" refers to persons not targeted by any race/ethnicity or by another race/ethnicity that was not listed on the budget table form. Percentages may not total 100% due to rounding. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 2B. Prevention Funding for CY 2009 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Race/Ethnicity*
HE/RR: \$102,785,609 (N=59)



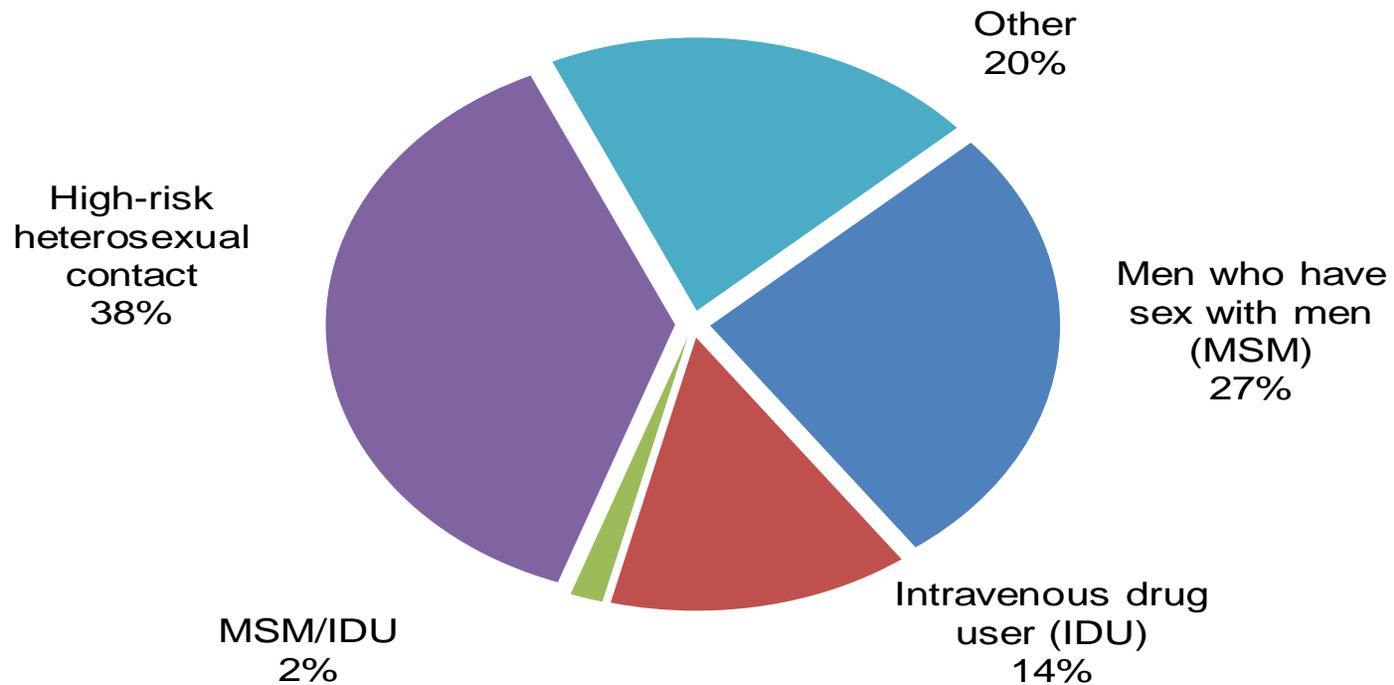
*The proportions of the prevention funding for HE/RR by race/ethnicity are reported by 59 PA 04012 grantees. "Other" refers to persons not targeted by any race/ethnicity or by another race/ethnicity that was not listed on the budget table form. Percentages may not total 100% due to rounding. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 3A. Prevention Funding for CY 2008 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Risk Group*
HE/RR: \$103,442,103 (N=59)



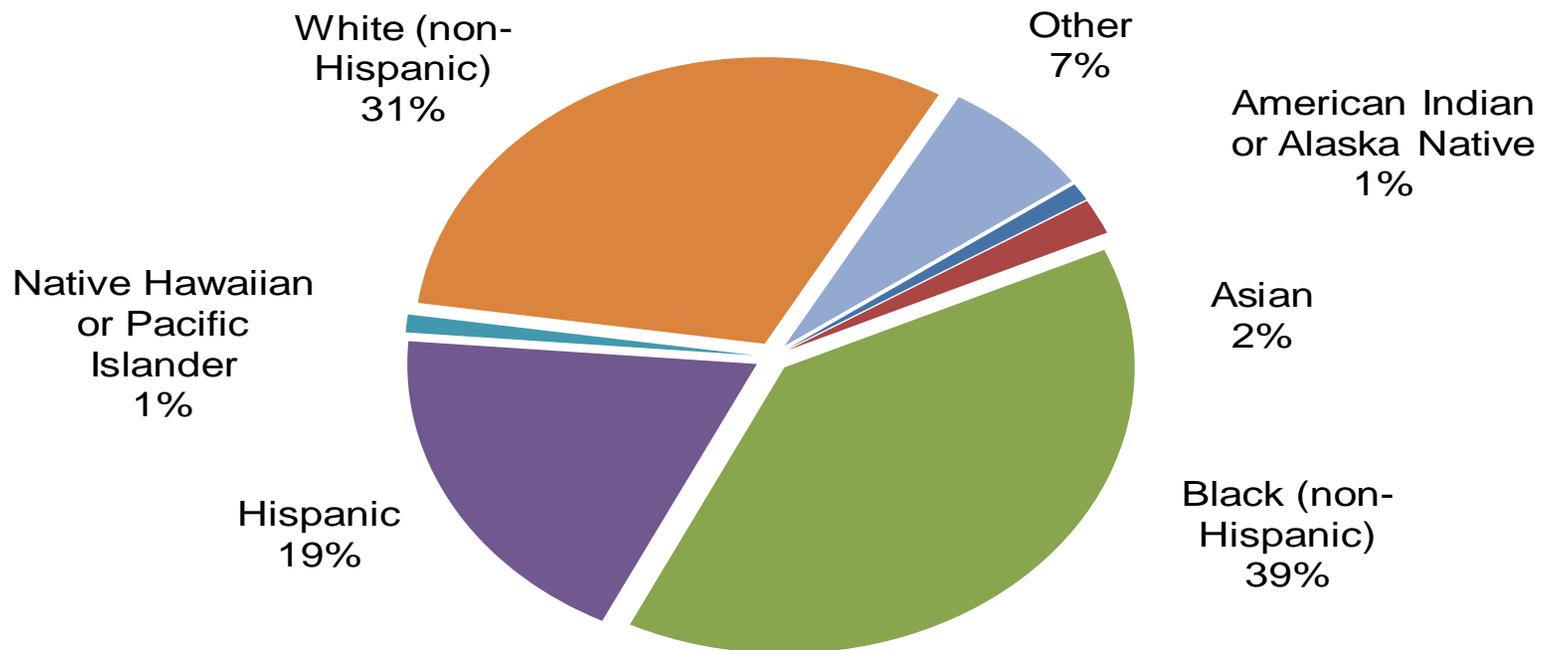
*The proportions of the prevention funding for HE/RR by risk group are reported by 59 PA 04012 grantees. "Other" refers to persons not targeted by any HIV risk or by another risk group that was not listed on the budget table form. Percentages may not total 100% due to rounding. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 3B. Prevention Funding for CY 2009 Distributed Under PA 04012 Health Education/Risk Reduction (HE/RR) by Risk Group*
HE/RR: \$102,785,609 (N=59)



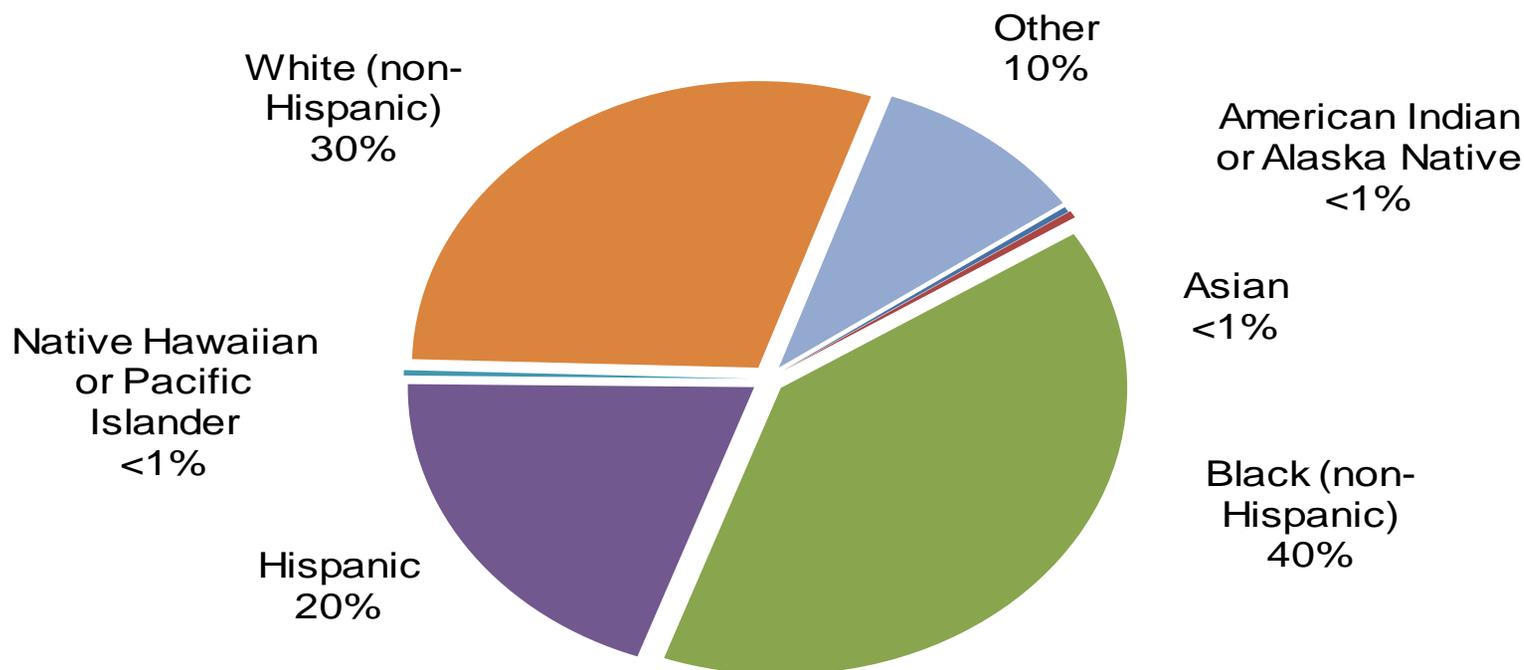
*The proportions of the prevention funding for HE/RR by risk group are reported by 59 PA 04012 grantees. "Other" refers to persons not targeted by any HIV risk or by another risk group that was not listed on the budget table form. Percentages may not total 100% due to rounding. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 4A. Prevention Funding for CY 2008 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Race/Ethnicity*
CTR: \$68,171,661 (N=45)



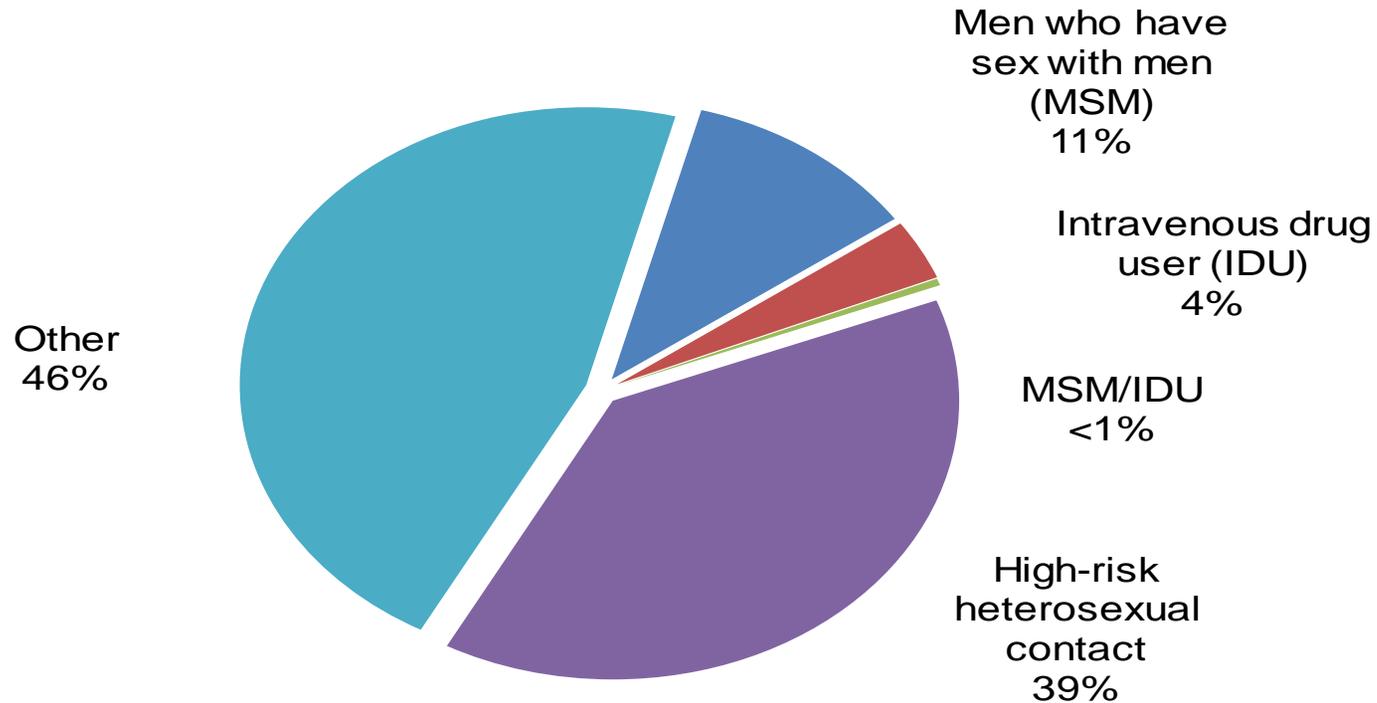
*The proportions for CTR by race/ethnicity are taken from 2008 National HIV testing Monitoring and Evaluation data provided by 45 PA 04012 grantees. "Other" refers to another race/ethnicity, multiple races, and undetermined or unknown race/ethnicity. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 4B. Prevention Funding for CY 2009 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Race/Ethnicity*
CTR: \$67,772,323 (N=49)



*The proportions for CTR by race/ethnicity are taken from 2009 National HIV testing Monitoring and Evaluation data provided by 49 PA 04012 grantees. "Other" refers to another race/ethnicity, multiple races, and undetermined or unknown race/ethnicity. Percentages may not total 100% due to rounding. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

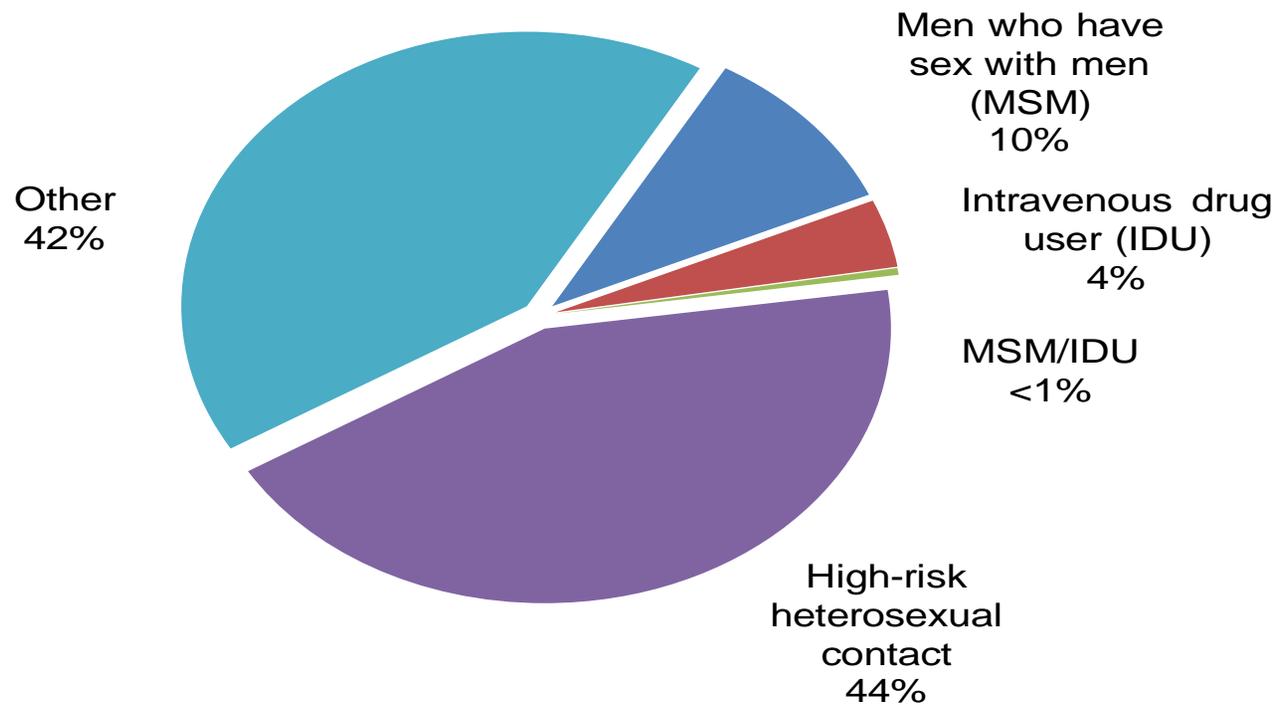
Figure 5A. Prevention Funding for CY 2008 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Risk Group*
CTR: \$68,171,661 (N=45)



*The proportions for CTR by risk group are taken from 2008 National HIV testing Monitoring and Evaluation data provided by 45 PA 04012 grantees. MSM includes males or transgendered females-to-males reporting having sex with males. "Other" refers to other HIV risk or risk not acknowledged. Percentages may not total 100% due to rounding.

Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

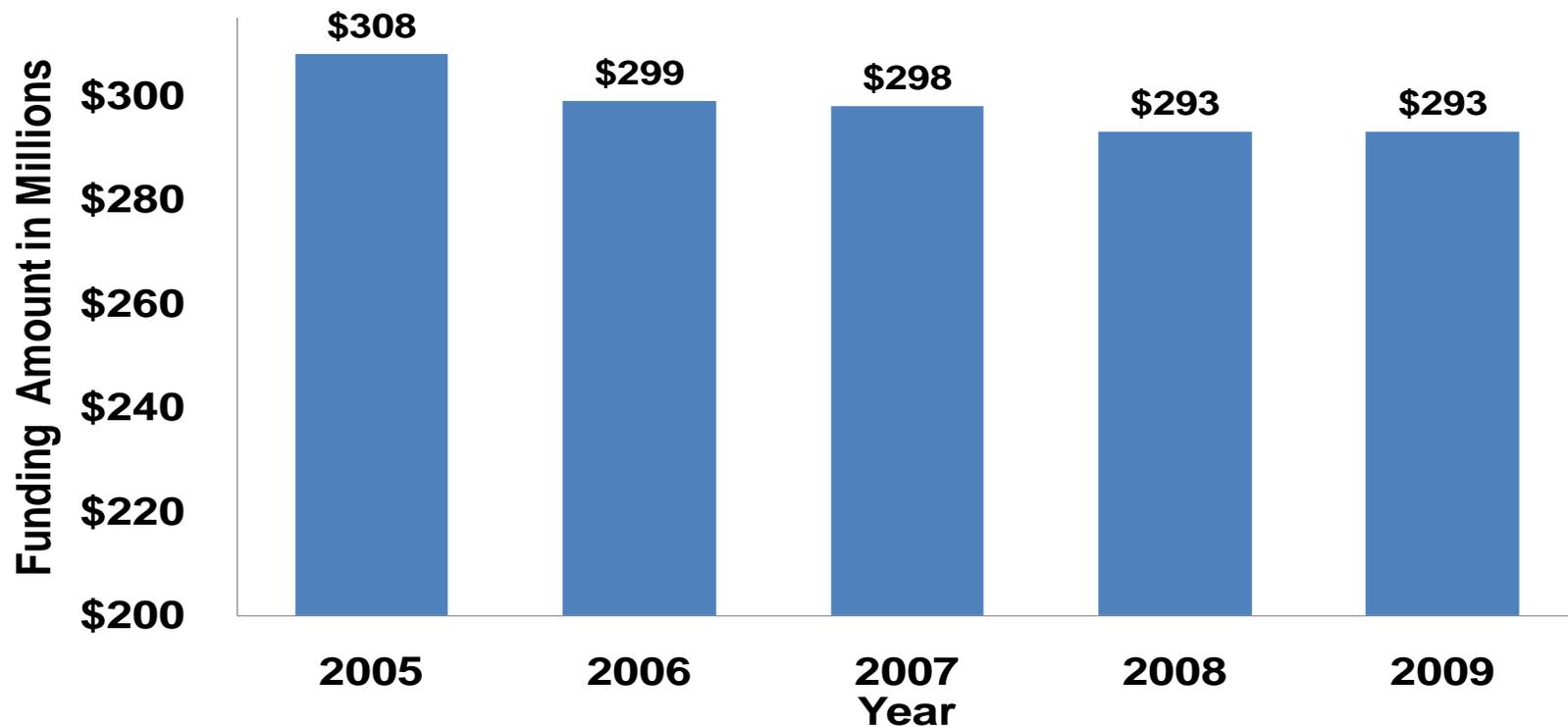
Figure 5B. Prevention Funding for CY 2009 Distributed Under PA 04012 Counseling, Testing, and Referral (CTR) by Risk Group*
CTR: \$67,772,323 (N=49)



*The proportions for CTR by risk group are taken from 2009 National HIV testing Monitoring and Evaluation data provided by 49 PA 04012 grantees. MSM includes males or transgendered females-to-males reporting having sex with males. "Other" refers to other HIV risk or risk not acknowledged. Percentages may not total 100% due to rounding.

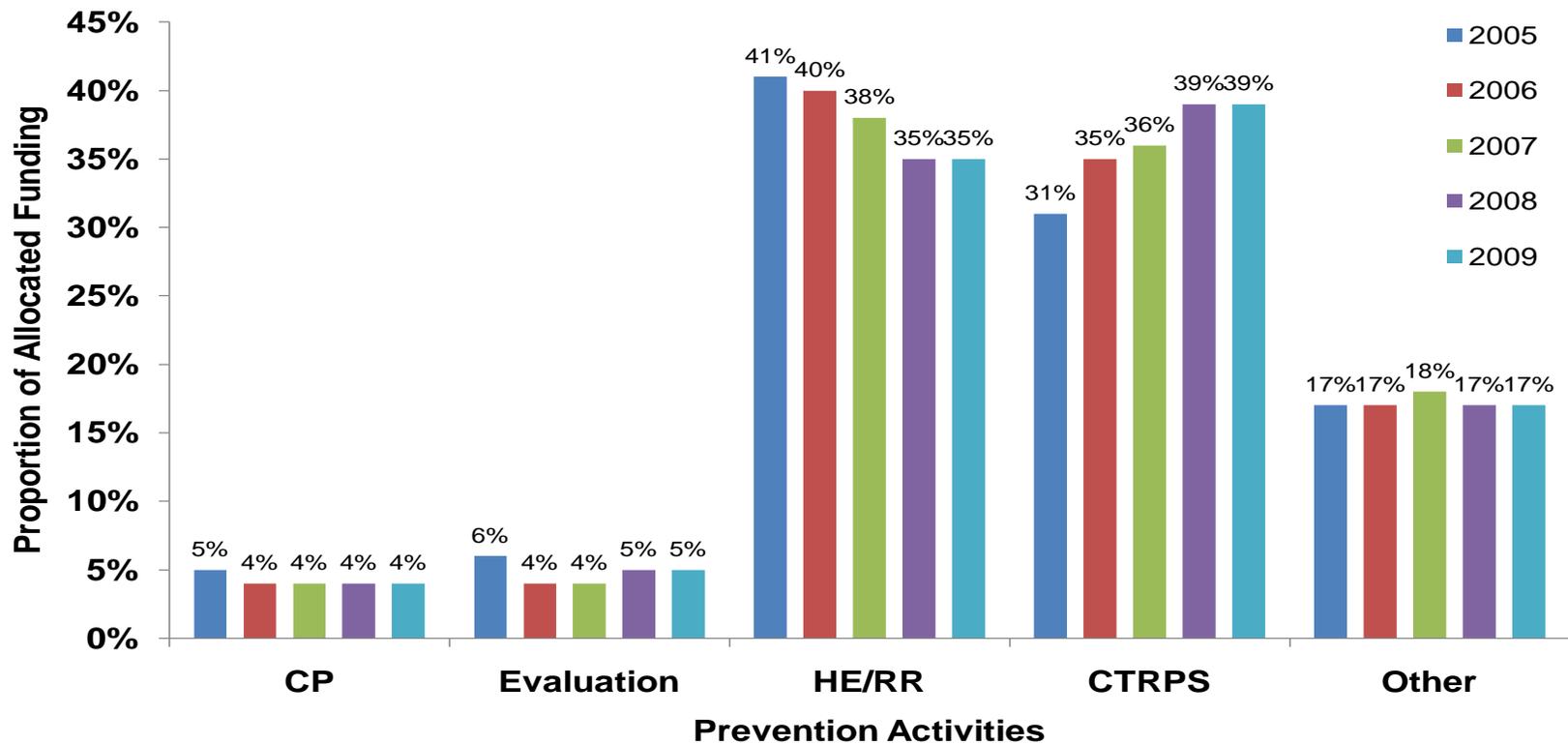
Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 6. HIV Prevention Funding Distributed Under PA 04012 by Budget Year 2005-2009 for State and Local Health Departments*



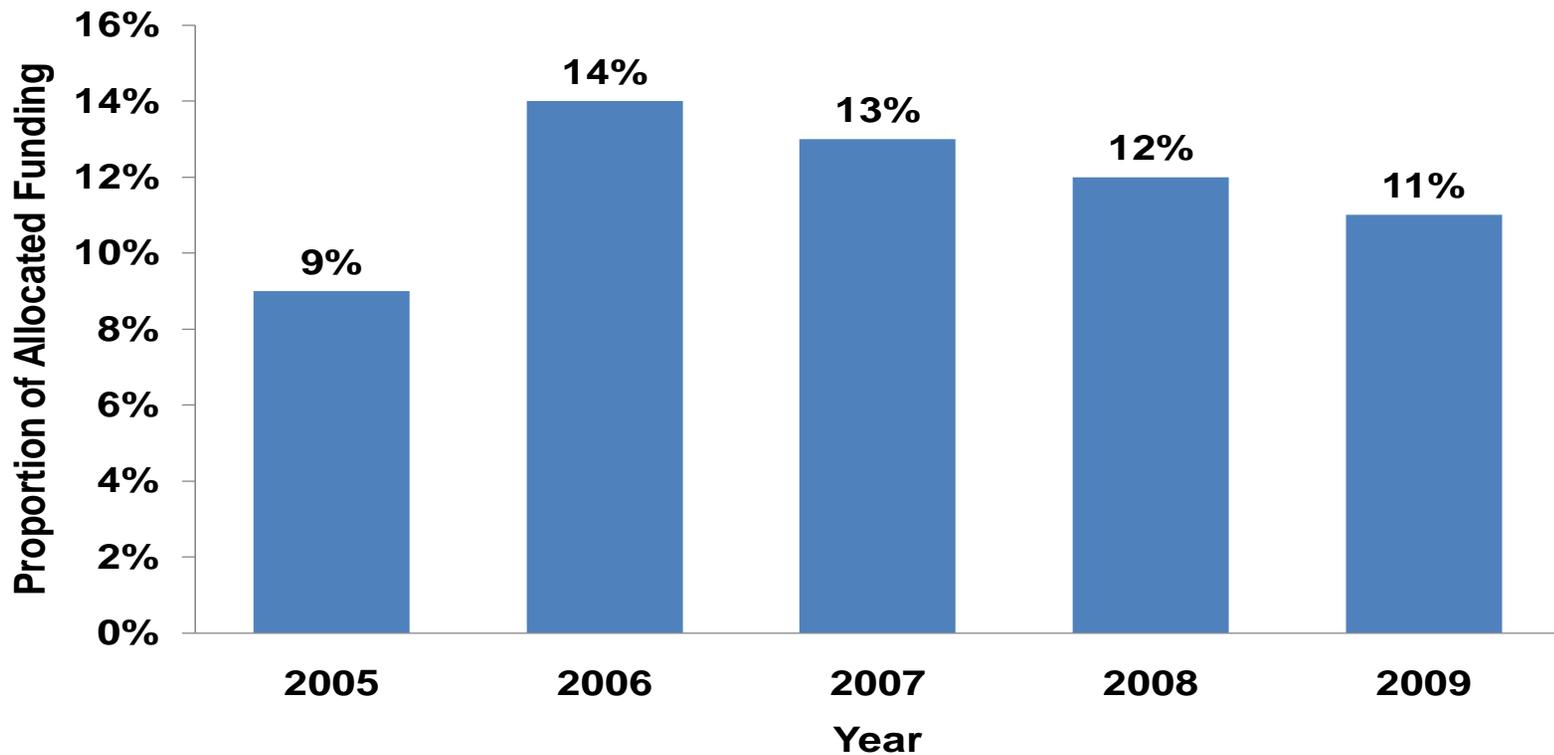
*The funding amount is for 59 PA 04012 grantees each year.
Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 7. Proportion of Allocated Prevention Funding Activities Distributed Under PA 04012 by Budget Year 2005-2009* (N=59)



*The proportions of allocated funding by selected funding activities are reported by 59 PA 04012 grantees each year. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

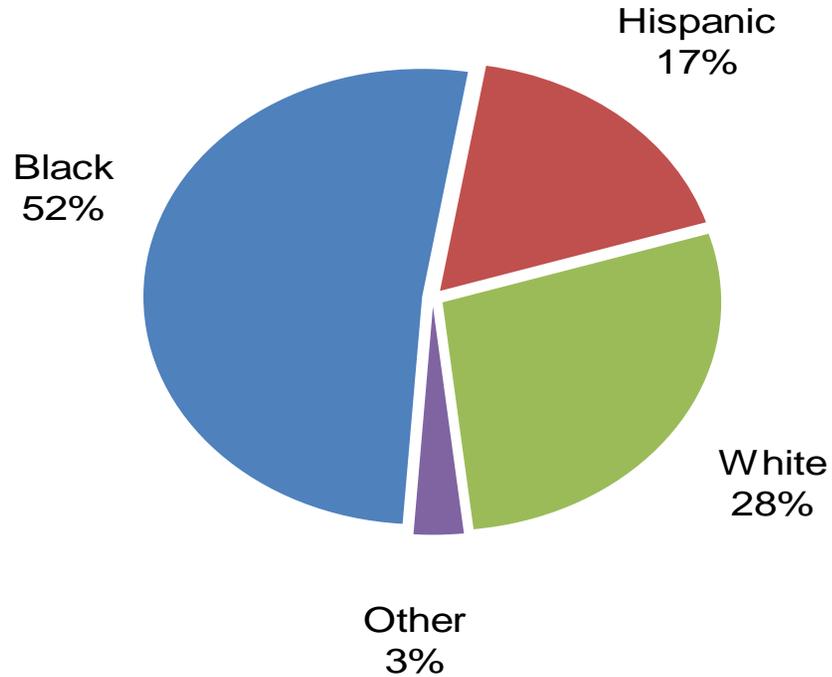
Figure 8. Proportion of Allocated Prevention Funding Distributed Under PA 04012 for Prevention Interventions Designed for Persons Living with HIV by Budget Year 2005-2009* (N=59)



*The proportions of allocated prevention funding for HIV infected persons are reported by 59 PA 04012 grantees each year. Calendar year estimates shown in Figures 1A through 8 differ from the federal fiscal year estimates typically reported by CDC.

Figure 9. Estimated HIV Diagnoses in 2009
(N = 40 states with confidential name-based HIV infection reporting)

by race/ethnicity



by HIV risk group

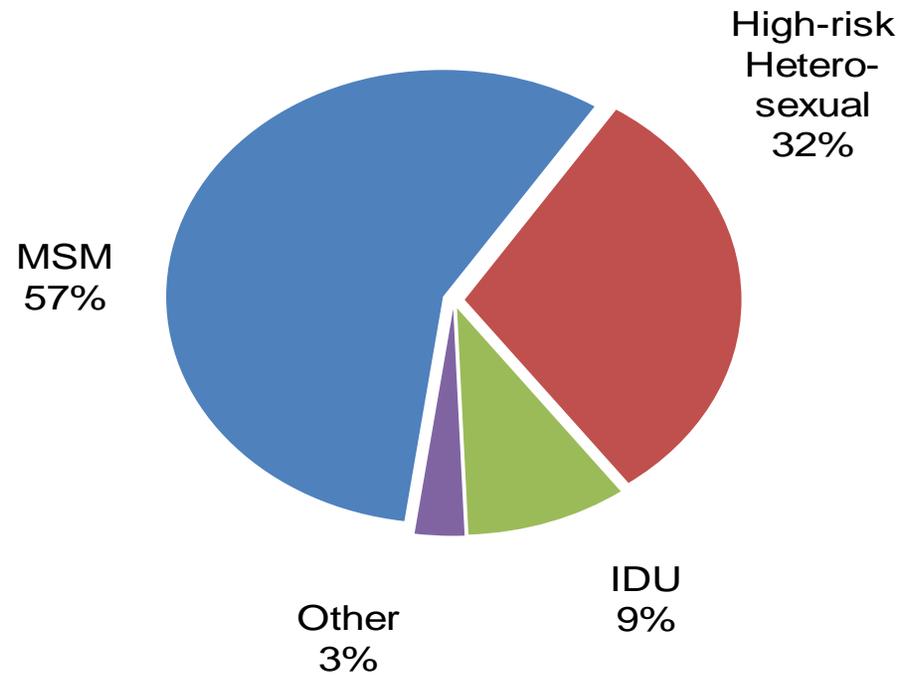


Table 1A. Table of Allocations for HIV Prevention (CY 2008) Reported by PA 04012 Grantees

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Alabama	2,238,408.00	142,412.00	6	83,288.00	4	668,407.00	30	1,061,405.00	47	282,896.00	13
						<i>CTR</i>	295,767.00				
						<i>PS</i>	372,640.00				
Alaska	1,407,484.00	72,017.00	5	54,078.00	4	404,583.00	29	328,651.00	23	548,155.00	39
						<i>CTR</i>	157,008.00				
						<i>PS</i>	247,575.00				
Arizona	3,076,319.00	273,967.65	9	131,203.07	4	902,256.28	29	1,117,482.00	36	651,410.00	21
						<i>CTR</i>	611,256.28				
						<i>PS</i>	291,000.00				
Arkansas	1,757,050.00	60,767.00	3	97,243.00	6	759,061.00	43	319,725.00	18	520,254.00	30
						<i>CTR</i>	478,701.00				
						<i>PS</i>	280,360.00				
California (excluding Los Angeles and San Francisco)	13,311,959.00	469,524.00	4	2,036,267.00	15	2,518,732.00	19	4,413,352.00	33	3,874,084.00	29
						<i>CTR</i>	1,709,491.00				
						<i>PS</i>	809,241.00				
Los Angeles	12,600,172.00	436,987.00	3	88,400.00	1	2,398,120.00	19	3,922,857.00	31	5,753,808.00	46
						<i>CTR</i>	2,071,424.00				
						<i>PS</i>	326,696.00				
San Francisco	8,824,991.00	730,272.00	8	501,717.00	6	2,488,471.00	28	2,701,963.00	31	2,402,568.00	27
						<i>CTR</i>	2,347,523.00				
						<i>PS</i>	140,948.00				
Colorado	4,307,745.00	224,066.00	5	222,365.00	5	1,960,262.00	46	1,712,635.00	40	188,417.00	4
						<i>CTR</i>	1,207,280.00				
						<i>PS</i>	752,982.00				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Connecticut	6,132,932.00	389,187.00	6	259,211.00	4	2,328,621.00	38	2,629,931.00	43	525,982.00	9
						<i>CTR</i>	<i>2,051,577.00</i>				
						<i>PS</i>	<i>277,044.00</i>				
Delaware	1,875,644.00	155,800.00	8	111,938.00	6	1,013,810.00	54	322,784.00	17	271,312.00	14
						<i>CTR</i>	<i>825,508.00</i>				
						<i>PS</i>	<i>188,302.00</i>				
District of Columbia	5,799,272.00	200,000.00	3	103,766.00	2	1,825,549.00	31	3,669,957.00	63	-	0
						<i>CTR</i>	<i>1,588,872.00</i>				
						<i>PS</i>	<i>236,677.00</i>				
Florida	18,822,168.00	184,269.00	1	186,771.00	1	9,292,252.00	49	6,511,628.00	35	2,647,248.00	14
						<i>CTR</i>	<i>6,411,191.00</i>				
						<i>PS</i>	<i>2,881,061.00</i>				
Georgia	7,972,489.00	163,000.00	2	150,000.00	2	1,565,000.00	20	5,400,000.00	68	694,489.00	9
						<i>CTR</i>	<i>885,000.00</i>				
						<i>PS</i>	<i>680,000.00</i>				
Hawaii	2,015,984.00	102,715.00	5	50,000.00	2	1,360,429.00	67	483,040.00	24	19,800.00	1
						<i>CTR</i>	<i>1,294,766.00</i>				
						<i>PS</i>	<i>65,663.00</i>				
Idaho	895,714.00	116,634.00	13	48,417.00	5	306,661.00	34	188,361.00	21	235,641.00	26
						<i>CTR</i>	<i>271,430.00</i>				
						<i>PS</i>	<i>35,231.00</i>				
Illinois (excluding Chicago) ²	3,994,400.00	176,612.00	4	27,682.30	1	1,673,110.62	42	1,054,475.83	26	1,062,519.25	27
						<i>CTR</i>					
						<i>PS</i>					
Chicago ²	5,336,041.00	367,236.00	7	108,892.00	2	2,635,279.00	49	761,130.00	14	1,463,504.00	27
						<i>CTR</i>					
						<i>PS</i>					

Health Department	Total Cooperative Agreement PA 04012 Amount ¹ \$	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
		\$	%	\$	%	\$	%	\$	%	\$	%
Indiana	2,509,777.00	138,807.00	6	265,859.00	11	1,266,450.00	50	680,819.00	27	157,842.00	6
						<i>CTR</i>	<i>904,243.00</i>				
						<i>PS</i>	<i>362,207.00</i>				
Iowa	1,633,612.00	143,157.00	9	139,534.00	9	630,488.00	39	670,548.00	41	49,885.00	3
						<i>CTR</i>	<i>382,169.00</i>				
						<i>PS</i>	<i>248,319.00</i>				
Kansas	1,735,275.00	39,000.00	2	84,000.00	5	399,799.00	23	783,140.00	45	429,336.00	25
						<i>CTR</i>	<i>263,100.00</i>				
						<i>PS</i>	<i>136,699.00</i>				
Kentucky	1,899,635.00	25,950.00	1	5,028.50	0	396,528.50	21	1,472,128.00	77	-	0
						<i>CTR</i>	<i>137,951.50</i>				
						<i>PS</i>	<i>258,577.00</i>				
Louisiana	5,132,343.00	72,953.00	1	67,167.00	1	3,323,450.00	65	1,413,754.00	28	255,019.00	5
						<i>CTR</i>	<i>601,693.00</i>				
						<i>PS</i>	<i>2,721,757.00</i>				
Maine	1,620,343.00	85,881.00	5	15,000.00	1	230,394.00	14	844,184.00	52	444,884.00	27
						<i>CTR</i>	<i>79,426.00</i>				
						<i>PS</i>	<i>150,968.00</i>				
Maryland	9,585,148.00	161,157.00	2	581,976.00	6	5,063,966.00	53	3,446,685.00	36	331,364.00	3
						<i>CTR</i>	<i>4,306,532.00</i>				
						<i>PS</i>	<i>757,434.00</i>				
Massachusetts ²	8,469,313.00	160,000.00	2	118,873.75	1	4,260,241.72	50	3,105,249.41	37	824,948.12	10
						<i>CTR</i>					
						<i>PS</i>					
Michigan	6,255,931.00	112,291.00	2	113,171.00	2	4,180,999.00	67	1,370,152.00	22	479,318.00	8
						<i>CTR</i>	<i>3,454,918.00</i>				
						<i>PS</i>	<i>726,081.00</i>				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶		
	\$	\$	%	\$	%	\$	%	\$	%	\$	%	
Minnesota	3,119,033.00	158,694.00	5	189,762.00	6	1,637,986.00	53	634,723.00	20	497,868.00	16	
						<i>CTR</i>	<i>944,458.00</i>					
						<i>PS</i>	<i>693,528.00</i>					
Mississippi	2,023,284.00	32,000.00	2	52,000.00	3	1,278,459.00	63	630,825.00	31	30,000.00	1	
						<i>CTR</i>	<i>609,584.00</i>					
						<i>PS</i>	<i>668,875.00</i>					
Missouri	3,671,398.00	363,675.00	10	76,636.00	2	1,998,506.00	54	1,076,717.00	29	155,864.00	4	
						<i>CTR</i>	<i>1,341,156.00</i>					
						<i>PS</i>	<i>657,350.00</i>					
Montana ³	1,260,714.00	43,952.00	3	49,500.00	4							
						<i>CTR</i>	<i>267,150.00</i>	21	449,799.00	36	450,313.00	36
						<i>PS</i>						
Nebraska	1,277,343.00	95,525.00	7	65,773.00	5	411,870.00	32	444,555.00	35	259,620.00	20	
						<i>CTR</i>	<i>406,870.00</i>					
						<i>PS</i>	<i>5,000.00</i>					
Nevada	2,713,662.00	9,769.00	0	17,368.00	1	2,360,886.00	87	325,639.00	12	-	0	
						<i>CTR</i>	<i>1,655,334.00</i>					
						<i>PS</i>	<i>705,552.00</i>					
New Hampshire	1,597,812.00	90,693.00	6	240,795.00	15	416,166.00	26	694,259.00	43	155,899.00	10	
						<i>CTR</i>	<i>353,212.00</i>					
						<i>PS</i>	<i>62,954.00</i>					
New Jersey	13,022,737.00	316,866.00	2	2,672,313.00	21	2,673,509.00	21	5,704,717.00	44	1,655,332.00	13	
						<i>CTR</i>	<i>1,648,472.00</i>					
						<i>PS</i>	<i>1,025,037.00</i>					
New Mexico	2,246,554.00	45,425.00	2	88,600.00	4	422,000.00	19	1,179,475.00	53	511,054.00	23	
						<i>CTR</i>	<i>342,000.00</i>					
						<i>PS</i>	<i>80,000.00</i>					

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
New York State (excluding New York City)	26,204,835.00	685,327.00	3	1,907,241.00	7	6,513,506.00	25	13,093,293.00	50	4,005,468.00	15
						<i>CTR</i>					
						<i>PS</i>					
New York City	20,792,792.00	415,973.00	2	783,122.00	4	6,448,069.00	31	5,865,841.00	28	7,279,787.00	35
						<i>CTR</i>					
						<i>PS</i>					
North Carolina	4,134,741.00	60,000.00	1	708,000.00	17	2,065,000.00	50	1,280,000.00	31	21,741.00	1
						<i>CTR</i>					
						<i>PS</i>					
North Dakota	695,879.00	118,413.00	17	35,812.00	5	454,612.00	65	80,662.00	12	6,380.00	1
						<i>CTR</i>					
						<i>PS</i>					
Ohio	5,233,635.00	309,418.00	6	258,749.00	5	1,693,943.00	32	2,028,885.00	39	942,640.00	18
						<i>CTR</i>					
						<i>PS</i>					
Oklahoma	2,399,548.00	24,762.00	1	84,432.00	4	1,077,824.00	45	424,951.00	18	787,579.00	33
						<i>CTR</i>					
						<i>PS</i>					
Oregon	2,969,192.00	51,600.00	2	118,573.00	4	1,450,373.00	49	899,483.00	30	449,163.00	15
						<i>CTR</i>					
						<i>PS</i>					
Pennsylvania (excluding Philadelphia)	4,716,144.00	574,565.00	12	154,637.00	3	1,565,432.00	33	309,963.00	7	2,111,547.00	45
						<i>CTR</i>					
						<i>PS</i>					
Philadelphia	6,201,617.00	485,315.00	8	100,000.00	2	2,987,565.00	48	1,368,493.00	22	1,260,244.00	20
						<i>CTR</i>					
						<i>PS</i>					

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
		\$	%	\$	%	\$	%	\$	%	\$	%
Puerto Rico	3,990,029.00	175,286.00	4	137,196.00	3	1,376,827.00	35	675,046.00	17	1,625,674.00	41
						<i>CTR</i>	<i>595,261.00</i>				
						<i>PS</i>	<i>781,566.00</i>				
Rhode Island	1,626,547.00	105,275.00	6	120,955.00	7	462,336.00	28	673,020.00	41	264,961.00	16
						<i>CTR</i>	<i>342,290.00</i>				
						<i>PS</i>	<i>120,046.00</i>				
South Carolina	4,377,700.00	148,316.00	3	75,559.00	2	2,367,351.00	54	1,348,577.00	31	437,897.00	10
						<i>CTR</i>	<i>1,467,843.00</i>				
						<i>PS</i>	<i>899,508.00</i>				
South Dakota	642,291.00	97,246.00	15	36,160.00	6	285,575.00	44	176,558.00	27	46,752.00	7
						<i>CTR</i>	<i>179,245.00</i>				
						<i>PS</i>	<i>106,330.00</i>				
Tennessee ²	3,842,354.00	97,826.00	3	107,634.00	3	2,306,457.00	60	1,330,437.00	35	-	0
						<i>CTR</i>					
						<i>PS</i>					
Texas (excluding Houston)	13,055,673.00	513,153.00	4	443,912.00	3	7,038,551.00	54	4,373,241.00	33	686,816.00	5
						<i>CTR</i>	<i>6,190,545.00</i>				
						<i>PS</i>	<i>848,006.00</i>				
Houston	5,154,303.00	126,346.00	2	196,728.00	4	2,066,536.00	40	1,874,801.00	36	889,892.00	17
						<i>CTR</i>	<i>1,124,499.00</i>				
						<i>PS</i>	<i>942,037.00</i>				
Utah	1,072,120.00	3,357.00	0	32,000.00	3	208,563.00	19	803,200.00	75	25,000.00	2
						<i>CTR</i>	<i>179,563.00</i>				
						<i>PS</i>	<i>29,000.00</i>				
Vermont	1,449,501.00	57,050.00	4	84,173.00	6	216,321.00	15	575,000.00	40	516,957.00	36
						<i>CTR</i>	<i>206,787.00</i>				
						<i>PS</i>	<i>9,534.00</i>				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Virginia	4,858,082.00	137,161.00	3	288,296.00	6	1,799,465.00	37	2,328,192.00	48	304,968.00	6
						<i>CTR</i>	<i>1,309,029.00</i>				
						<i>PS</i>	<i>490,436.00</i>				
U. S. Virgin Islands ⁴	454,452.00	24,890.00	5	25,825.00	6	351,933.00	77	-	0	51,804.00	11
						<i>CTR</i>	<i>301,293.00</i>				
						<i>PS</i>	<i>50,640.00</i>				
Washington	3,672,069.00	353,346.00	10	101,587.00	3	2,220,999.00	60	824,136.00	22	172,001.00	5
						<i>CTR</i>	<i>1,985,555.00</i>				
						<i>PS</i>	<i>235,444.00</i>				
West Virginia	1,668,141.00	127,935.00	8	258,397.00	15	983,550.00	59	288,259.00	17	10,000.00	1
						<i>CTR</i>	<i>633,480.00</i>				
						<i>PS</i>	<i>350,070.00</i>				
Wisconsin	2,749,293.00	98,894.00	4	56,158.00	2	1,139,513.00	41	1,129,932.00	41	324,796.00	12
						<i>CTR</i>	<i>712,949.00</i>				
						<i>PS</i>	<i>426,564.00</i>				
Wyoming	787,249.00	17,880.00	2	24,424.00	3	332,661.00	42	163,388.00	21	248,896.00	32
						<i>CTR</i>	<i>200,730.00</i>				
						<i>PS</i>	<i>131,931.00</i>				
Total	292,890,873.00	11,170,594.65	4	15,244,164.62	5	112,732,414.12	39	103,442,103.24	35	50,301,596.37	17

¹ The total PA 04012 amount for each grantee is based on calendar year which differs from the federal fiscal year typically reported by CDC.

² Because four grantees (Chicago, Illinois, Massachusetts, and Tennessee) reported that there was no practical way of separating their CTR and PS expenditures, we treated CTR and PS allocations as a single entity when presenting a total allocated funding amount and its corresponding funding percentage. It is based on information from 59 grantees.

³ Montana allocated funds only for CTR.

⁴ U.S. Virgin Islands did not allocate funds for HE/RR.

⁵ A blank cell indicates that the allocated funding for that category by a grantee is missing but a programmatic explanation was provided.

⁶ A cell with '-' means zero allocated funding for that category by a grantee.

Table 1B. Table of Allocations for HIV Prevention (CY 2009) Reported by PA 04012 Grantees

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Alabama	2,238,408.00	120,325.00	5	90,827.00	4	616,371.00	28	1,102,405.00	49	308,480.00	14
						<i>CTR</i>	262,252.00				
						<i>PS</i>	354,119.00				
Alaska	1,407,484.00	98,072.00	7	54,564.00	4	428,293.00	30	331,398.00	24	495,157.00	35
						<i>CTR</i>	158,868.00				
						<i>PS</i>	269,425.00				
Arizona	3,076,319.00	254,082.77	8	134,046.97	4	872,520.34	28	1,124,000.00	37	691,668.92	22
						<i>CTR</i>	618,303.34				
						<i>PS</i>	254,217.00				
Arkansas	1,757,050.00	30,456.00	2	70,307.00	4	830,398.00	47	303,513.00	17	522,376.00	30
						<i>CTR</i>	602,268.00				
						<i>PS</i>	228,130.00				
California (excluding Los Angeles and San Francisco)	13,311,959.00	404,090.00	3	2,069,540.00	16	2,339,055.00	18	4,545,213.00	34	3,954,061.00	30
						<i>CTR</i>	1,652,819.00				
						<i>PS</i>	686,236.00				
Los Angeles	12,600,172.00	440,300.00	3	739,493.00	6	2,593,466.00	21	3,657,907.00	29	5,169,006.00	41
						<i>CTR</i>	2,306,137.00				
						<i>PS</i>	287,329.00				
San Francisco	8,824,991.00	750,329.00	9	519,418.00	6	2,518,492.00	29	2,759,247.00	31	2,277,505.00	26
						<i>CTR</i>	2,355,022.00				
						<i>PS</i>	163,470.00				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Colorado	4,307,745.00	285,173.00	7	220,694.00	5	1,997,257.00	46	1,602,772.00	37	201,849.00	5
						<i>CTR</i>	<i>1,164,467.00</i>				
						<i>PS</i>	<i>832,790.00</i>				
Connecticut	6,132,932.00	398,783.00	7	315,518.00	5	2,354,421.00	38	2,352,559.00	38	711,651.00	12
						<i>CTR</i>	<i>2,093,762.00</i>				
						<i>PS</i>	<i>260,659.00</i>				
Delaware	1,875,643.00	147,826.00	8	117,705.00	6	983,024.00	52	310,966.00	17	316,122.00	17
						<i>CTR</i>	<i>787,380.00</i>				
						<i>PS</i>	<i>195,644.00</i>				
District of Columbia	5,799,272.00	-	0	103,766.00	2	1,717,236.00	30	3,978,270.00	69	-	0
						<i>CTR</i>	<i>1,480,559.00</i>				
						<i>PS</i>	<i>236,677.00</i>				
Florida	18,822,168.00	178,502.00	1	214,715.00	1	9,264,811.00	49	6,574,591.00	35	2,589,549.00	14
						<i>CTR</i>	<i>6,405,698.00</i>				
						<i>PS</i>	<i>2,859,113.00</i>				
Georgia	7,972,489.00	163,000.00	2	150,000.00	2	1,565,000.00	20	5,400,000.00	68	694,489.00	9
						<i>CTR</i>	<i>885,000.00</i>				
						<i>PS</i>	<i>680,000.00</i>				
Hawaii	2,015,984.00	82,238.00	4	25,000.00	1	1,275,776.00	63	616,104.00	31	16,866.00	1
						<i>CTR</i>	<i>1,203,587.00</i>				
						<i>PS</i>	<i>72,189.00</i>				
Idaho	895,714.00	84,857.00	9	44,099.00	5	319,372.00	36	203,406.00	23	243,980.00	27
						<i>CTR</i>	<i>283,519.00</i>				
						<i>PS</i>	<i>35,853.00</i>				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹ \$	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
		\$	%	\$	%	\$	%	\$	%	\$	%
Illinois (excluding Chicago) ²	3,994,400.00	259,362.00	6	208,403.34	5	1,454,717.89	36	970,429.00	24	1,101,487.77	28
Chicago ²	5,336,041.00	367,236.00	7	108,892.00	2	2,635,279.00	49	761,130.00	14	1,463,504.00	27
Indiana	2,509,777.00	138,807.00	6	265,859.00	11	1,266,450.00	50	680,819.00	27	157,842.00	6
Iowa	1,633,612.00	137,772.00	8	159,557.00	10	679,695.00	42	633,548.00	39	23,040.00	1
Kansas	1,735,275.00	23,648.00	1	33,337.00	2	454,117.00	26	728,957.00	42	495,216.00	29
Kentucky	1,899,635.00	25,950.00	1	5,028.50	0	405,268.50	21	1,463,388.00	77	-	0
Louisiana	5,132,343.00	122,423.00	2	152,429.00	3	3,259,286.00	64	1,337,332.00	26	260,873.00	5
Maine	1,620,343.00	85,881.00	5	15,000.00	1	226,225.00	14	845,658.00	52	447,579.00	28

CTR
PS

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Maryland	9,585,148.00	183,308.00	2	594,135.00	6	4,921,855.00	51	3,537,997.00	37	347,853.00	4
						<i>CTR</i>		4,194,906.00			
						<i>PS</i>		726,949.00			
Massachusetts ²	8,469,313.00	160,000.00	2	40,000.00	0	4,330,203.61	51	3,207,324.81	38	731,784.58	9
						<i>CTR</i>					
						<i>PS</i>					
Michigan	6,255,931.00	115,048.00	2	130,928.00	2	4,354,122.00	70	1,203,734.00	19	452,099.00	7
						<i>CTR</i>		3,617,753.00			
						<i>PS</i>		736,369.00			
Minnesota	3,119,033.00	158,694.00	5	189,762.00	6	1,637,986.00	53	634,723.00	20	497,868.00	16
						<i>CTR</i>		944,458.00			
						<i>PS</i>		693,528.00			
Mississippi	2,023,284.00	32,000.00	2	52,000.00	3	1,278,459.00	63	630,825.00	31	30,000.00	1
						<i>CTR</i>		609,584.00			
						<i>PS</i>		668,875.00			
Missouri	3,671,398.00	370,748.00	10	76,903.00	2	1,982,776.00	54	1,144,489.00	31	96,482.00	3
						<i>CTR</i>		1,307,742.00			
						<i>PS</i>		675,034.00			
Montana ³	1,260,714.00	39,272.00	3	52,500.00	4						
						<i>CTR</i>		296,309.00	24	409,569.00	32
						<i>PS</i>				463,064.00	37
Nebraska	1,277,343.00	98,011.00	8	71,935.00	6	413,152.00	32	422,854.00	33	271,391.00	21
						<i>CTR</i>		412,652.00			
						<i>PS</i>		500.00			

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Nevada	2,713,662.00	9,769.00	0	17,368.00	1	2,360,886.00	87	325,639.00	12	-	0
						<i>CTR</i>	<i>1,655,334.00</i>				
						<i>PS</i>	<i>705,552.00</i>				
New Hampshire	1,597,812.00	83,416.00	5	250,656.00	16	419,327.00	26	671,222.00	42	173,191.00	11
						<i>CTR</i>	<i>356,373.00</i>				
						<i>PS</i>	<i>62,954.00</i>				
New Jersey	13,022,737.00	316,866.00	2	2,672,313.00	21	2,673,509.00	21	5,704,717.00	44	1,655,332.00	13
						<i>CTR</i>	<i>1,648,472.00</i>				
						<i>PS</i>	<i>1,025,037.00</i>				
New Mexico	2,246,554.00	30,993.00	1	117,500.00	5	421,700.00	19	1,217,000.00	54	459,361.00	20
						<i>CTR</i>	<i>341,700.00</i>				
						<i>PS</i>	<i>80,000.00</i>				
New York State (excluding New York City)	26,204,834.00	630,751.00	2	2,035,970.00	8	6,637,440.00	25	13,218,140.00	50	3,682,533.00	14
						<i>CTR</i>	<i>4,856,104.00</i>				
						<i>PS</i>	<i>1,781,336.00</i>				
New York City	20,792,792.00	415,973.00	2	690,122.00	3	7,430,112.00	36	5,496,394.00	26	6,760,191.00	33
						<i>CTR</i>	<i>4,939,138.00</i>				
						<i>PS</i>	<i>2,490,974.00</i>				
North Carolina	4,134,741.00	60,000.00	1	708,000.00	17	2,140,000.00	52	1,205,000.00	29	21,741.00	1
						<i>CTR</i>	<i>954,000.00</i>				
						<i>PS</i>	<i>1,186,000.00</i>				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
North Dakota	695,879.00	142,532.00	20	27,272.00	4	440,062.00	63	79,633.00	11	6,380.00	1
						<i>CTR</i>	362,754.00				
						<i>PS</i>	77,308.00				
Ohio	5,233,635.00	309,418.00	6	189,923.00	4	2,276,346.00	43	2,028,885.00	39	429,063.00	8
						<i>CTR</i>	1,181,251.00				
						<i>PS</i>	1,095,095.00				
Oklahoma	2,399,548.00	29,726.00	1	14,072.00	1	1,231,053.00	51	510,632.00	21	614,065.00	26
						<i>CTR</i>	570,353.00				
						<i>PS</i>	660,700.00				
Oregon	2,969,192.00	51,600.00	2	118,573.00	4	1,450,373.00	49	899,483.00	30	449,163.00	15
						<i>CTR</i>	1,177,421.00				
						<i>PS</i>	272,952.00				
Pennsylvania (excluding Philadelphia)	4,716,144.00	581,487.00	12	154,948.00	3	1,562,390.00	33	310,398.00	7	2,106,921.00	45
						<i>CTR</i>	1,188,405.00				
						<i>PS</i>	373,985.00				
Philadelphia	6,201,617.00	514,130.00	8	100,000.00	2	2,689,458.00	43	1,662,785.00	27	1,235,244.00	20
						<i>CTR</i>	2,611,116.00				
						<i>PS</i>	78,342.00				
Puerto Rico	3,990,029.00	164,816.00	4	137,691.00	3	1,561,354.00	39	756,753.00	19	1,369,415.00	34
						<i>CTR</i>	707,306.00				
						<i>PS</i>	854,048.00				
Rhode Island	1,626,547.00	124,857.00	8	138,590.00	9	427,160.00	26	459,206.00	28	476,734.00	29
						<i>CTR</i>	334,839.00				
						<i>PS</i>	92,321.00				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
		\$	%	\$	%	\$	%	\$	%	\$	%
South Carolina	4,377,700.00	148,316.00	3	75,559.00	2	2,367,351.00	54	1,348,577.00	31	437,897.00	10
						<i>CTR</i>	<i>1,467,843.00</i>				
						<i>PS</i>	<i>899,508.00</i>				
South Dakota	642,291.00	79,110.00	12	37,839.00	6	293,978.00	46	172,320.00	27	59,044.00	9
						<i>CTR</i>	<i>185,973.00</i>				
						<i>PS</i>	<i>108,005.00</i>				
Tennessee ²	3,842,354.00	97,826.00	3	107,634.00	3	2,306,457.00	60	1,330,437.00	35	-	0
						<i>CTR</i>					
						<i>PS</i>					
Texas (excluding Houston)	13,055,673.00	382,189.00	3	246,276.00	2	7,242,179.00	55	4,200,673.00	32	984,356.00	8
						<i>CTR</i>	<i>6,150,660.00</i>				
						<i>PS</i>	<i>1,091,519.00</i>				
Houston	5,154,303.00	132,330.00	3	271,300.00	5	1,805,166.00	35	1,764,856.00	34	1,180,651.00	23
						<i>CTR</i>	<i>828,181.00</i>				
						<i>PS</i>	<i>976,985.00</i>				
Utah	1,072,120.00	3,357.00	0	20,000.00	2	196,290.00	18	827,473.00	77	25,000.00	2
						<i>CTR</i>	<i>182,290.00</i>				
						<i>PS</i>	<i>14,000.00</i>				
Vermont	1,449,501.00	58,698.00	4	86,414.00	6	231,197.00	16	583,332.00	40	489,860.00	34
						<i>CTR</i>	<i>222,316.00</i>				
						<i>PS</i>	<i>8,881.00</i>				
Virginia	4,858,082.00	152,604.00	3	310,754.00	6	1,760,711.00	36	2,306,437.00	47	327,576.00	7
						<i>CTR</i>	<i>1,334,947.00</i>				
						<i>PS</i>	<i>425,764.00</i>				

Health Department	Total Cooperative Agreement PA 04012 Amount ¹	Community Planning		Evaluation		Counseling, Testing, and Referral (CTR) and Partner Services ⁵		Health Education/Risk Reduction (HE/RR) ⁶		Other ⁶	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
U. S. Virgin Islands ⁴	582,488.00	44,210.00	8	14,250.00	2	524,028.00	90	-	0	-	0
						<i>CTR</i>	<i>393,429.00</i>				
						<i>PS</i>	<i>130,599.00</i>				
Washington	3,672,069.00	276,789.00	8	96,483.00	3	2,241,232.00	61	810,408.00	22	247,157.00	7
						<i>CTR</i>	<i>1,958,074.00</i>				
						<i>PS</i>	<i>283,158.00</i>				
West Virginia	1,668,141.00	59,016.00	4	305,302.00	18	1,005,564.00	60	288,259.00	17	10,000.00	1
						<i>CTR</i>	<i>647,992.00</i>				
						<i>PS</i>	<i>357,572.00</i>				
Wisconsin	2,749,293.00	77,521.00	3	68,814.00	3	1,395,660.00	51	997,088.00	36	210,210.00	8
						<i>CTR</i>	<i>974,935.00</i>				
						<i>PS</i>	<i>420,725.00</i>				
Wyoming	787,249.00	14,094.00	2	28,939.00	4	340,948.00	43	134,734.00	17	268,534.00	34
						<i>CTR</i>	<i>219,880.00</i>				
						<i>PS</i>	<i>121,068.00</i>				
Total	293,018,907.00	10,748,587.77	4	16,068,923.81	5	114,703,324.34	39	102,785,608.81	35	48,712,462.27	17

¹ The total PA 04012 amount for each grantee is based on calendar year which differs from the federal fiscal year typically reported by CDC.

² Because four grantees (Chicago, Illinois, Massachusetts, and Tennessee) reported that there was no practical way of separating their CTR and PS expenditures, we treated CTR and PS allocations as a single entity when presenting a total allocated funding amount and its corresponding funding percentage. It is based on information from 59 grantees.

³ Montana allocated funds only for CTR.

⁴ U.S. Virgin Islands did not allocate funds for HE/RR.

⁵ A blank cell indicates that the allocated funding for that category by a grantee is missing but a programmatic explanation was provided.

⁶ A cell with '-' means zero allocated funding for that category by a grantee.